

**Shetland Children's Plan 2021- 2024**  
**Year one, 2021-22**



Building a brighter future together for  
Shetland's children and young people

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## Executive summary

Welcome to the fifth Annual Report for Shetland's Integrated Children's Service Plan. This Report covers the period from April 2021 to March 2022 and describes our approach to 'build a brighter future together for Shetland's children and young people'.

For most of our children and young people, Shetland provides a safe and nurturing environment within which they can grow and flourish. We have high standards of educational and health provision, with strong community resources and a rich heritage and culture.

However, Shetland is not immune to social, economic and environmental factors which may cause our young people not to get the best start in life, and not to reach their full potential. We recognise that, and as partners, we are committed to working together to improve the outcomes for our children, and their families, where our services and interventions can help and support them.

In 2021-22, we continued to take the positives from the COVID 19 pandemic in working collaboratively as partners and with the community to look at ways in which we could support some of our most vulnerable children and families. This included developing new services with the third sector to support the mental health and wellbeing of young people through the pandemic, reviewing the pathway and support services for children and young people with a neurodevelopmental condition and continuing to build our early intervention and whole family support approaches, known in Shetland as Anchor Family Support. Running through this work has been our commitment to embed the UNCRC principles and deliver The Promise in Shetland. We have also worked closely with children and young people to ask them how they want to be engaged in decision making and the issues that affect them.

We revisited work we had commenced prior to the pandemic to look at how we can focus our efforts as a partnership to be as effective as possible, with our combined expertise and resources. In 2021-22 we undertook a review of the partnership approach and we have streamlined how we work to ensure that we maximise the opportunity for sharing, learning and innovating at a multi-agency level and build closer working with the third sector.

This annual report clearly reflects the impressive progress we have made in delivering the actions in the joint plan in 2021-22; whilst all services remained challenged by restrictions associated with the pandemic. At the beginning of 2022, we really started to see the longer term effects of the pandemic impacting on families, particularly the cost of living and we have committed to placing specific emphasis on reducing the impact of child poverty in our 2022-23 joint plan objectives. Tackling inequalities in all the forms that they take, will remain a priority, in line with the work of the Shetland Partnership Plan.

It has been an honour to chair the Shetland Children's Partnership in 2021-22 and I want to take this opportunity to thank all of our staff for the hard work they do to deliver the best possible services and support for children, young people and families in Shetland.

I hope you enjoy reading about our work.

Kathleen Carolan  
Director of Nursing & Acute Services, NHS Shetland  
Chair of the Shetland Children's Partnership

## Introduction

Under the Children and Young People (Scotland) Act 2014 a Children's Services Plan must be prepared with a view to achieving the following five aims:

- That 'children's services' in the area are provided in the way which:
  - Best safeguards, supports and promotes the wellbeing of children in the area concerned,
  - Ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
  - Is most integrated from the point of view of recipients, and
  - Constitutes the best use of available resources,
- That related services in the area are provided in the way which, so far as consistent with the objects and proper delivery of the service concerns, safeguards, supports and promotes the wellbeing of children in the area concerned.

[Children's Services Planning Guidance](#) is available for further information.

In line with this we aim to create a Shetland that works together to improve children and young people's life chances, providing services which are organised and equipped to deliver high-quality, joined-up, trauma-informed and responsive and, where possible, preventative support to children and families. The Integrated Children's Services Plan 2021-24 sets out work to achieve this ambition and is organised under 4 key themes; Equity, Participation, Children's Rights, and Corporate Parenting.

The Partnership recognises, and does not wish to detract from, the excellent work happening at team and individual levels throughout Shetland. With this annual report we hope to illustrate collaborative and system-wide work that has been undertaken over the year 2021/22, all of this work is supported by a number of teams, individuals and day-to-day work supporting children and young people across Shetland.

The plan identifies 10 areas for action to support achievement of this ambition, this report represents year 1 of work towards these ambitions and there is still a great deal to do. We understand there is a great deal of information in the report, to help navigation some work that relates to each outcome is highlighted over the page, but we hope you'll have the time to browse the full report.

<p>1. Promoting the social and emotional resilience of our children and young people so that we can help them be happy and content members of our community.</p> <p><a href="#">Emotional Wellbeing and Resilience</a>  <a href="#">Emotional Support Officer</a>  <a href="#">School Counselling Service</a></p>	<p>2. Providing support so our children and young people have a healthy, safe and memorable childhood.</p> <p><a href="#">Parenting Support</a>  <a href="#">Family Wellbeing Practitioners</a></p>
<p>3. Providing positive learning opportunities to enable them to move forward into adulthood with the skills, abilities and ambitions necessary to serve them and their communities well in the future.</p> <p><a href="#">Education</a>  <a href="#">Education Outreach</a></p>	<p>4. Tackling inequality for our children and young people.</p> <p><a href="#">Annual Child Poverty Action Report summary</a></p>
<p>5. Ensuring that our attention and resources are focused on the task of safeguarding and promoting the wellbeing of our most vulnerable, including looked after children and young people, and care leavers.</p> <p><a href="#">Guided Inspection</a>  <a href="#">Corporate Parenting</a>  <a href="#">#ShetlandCrew</a></p>	<p>6. Ensuring that every child has the best possible start in life and that the early stages in a child’s life, from before they are born until they begin primary school, are as positive as they can be.</p> <p><a href="#">Parenting Support</a>  <a href="#">Family Wellbeing Practitioners</a>  <a href="#">Perinatal and Infant Mental Health</a></p>
<p>7. Delivering a people-centred approach with a focus on early intervention and prevention, and a move away from fragmented interventions.</p> <p><a href="#">Anchor</a>  <a href="#">Wellbeing 1000</a>  <a href="#">Neurodevelopmental Pathway</a></p>	<p>8. Improving the experiences of our children and young people of school age, as we seek to understand the fundamental barriers to attainment and achieving positive destinations in adulthood.</p> <p><a href="#">Education Outreach</a>  <a href="#">School Counselling Service</a></p>
<p>9. Working closely with all our partners in the areas of mental health, domestic abuse and alcohol and substance recovery services to understand the issues affecting families, and to reduce the impact of these.</p> <p><a href="#">Whole Family Support</a>  <a href="#">Shetland Women’s Aid</a></p>	<p>10. Listening to the needs, fears and wishes of children and young people, and being proactive and determined in our collective efforts to address these.</p> <p><a href="#">SCP Review</a>  <a href="#">EWR feedback</a>  <a href="#">Participation</a></p>

27% of Shetland's Population are aged 0-24yrs



96% young adults (16-19) in education, training or employment



Life expectancy at birth

83.2 years Female



80.6 years Male

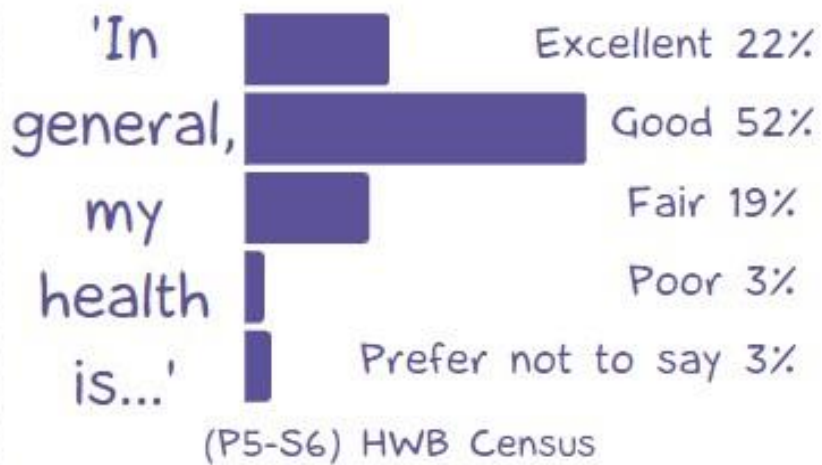
18.7% children in Shetland are living in poverty

£

2022 estimate



95% school attendance (vs 88% in Scotland)



on Child Protection Register

1.9 per 1000 people



2.3 per 1000 people



70% of Primary 1s are a healthy weight



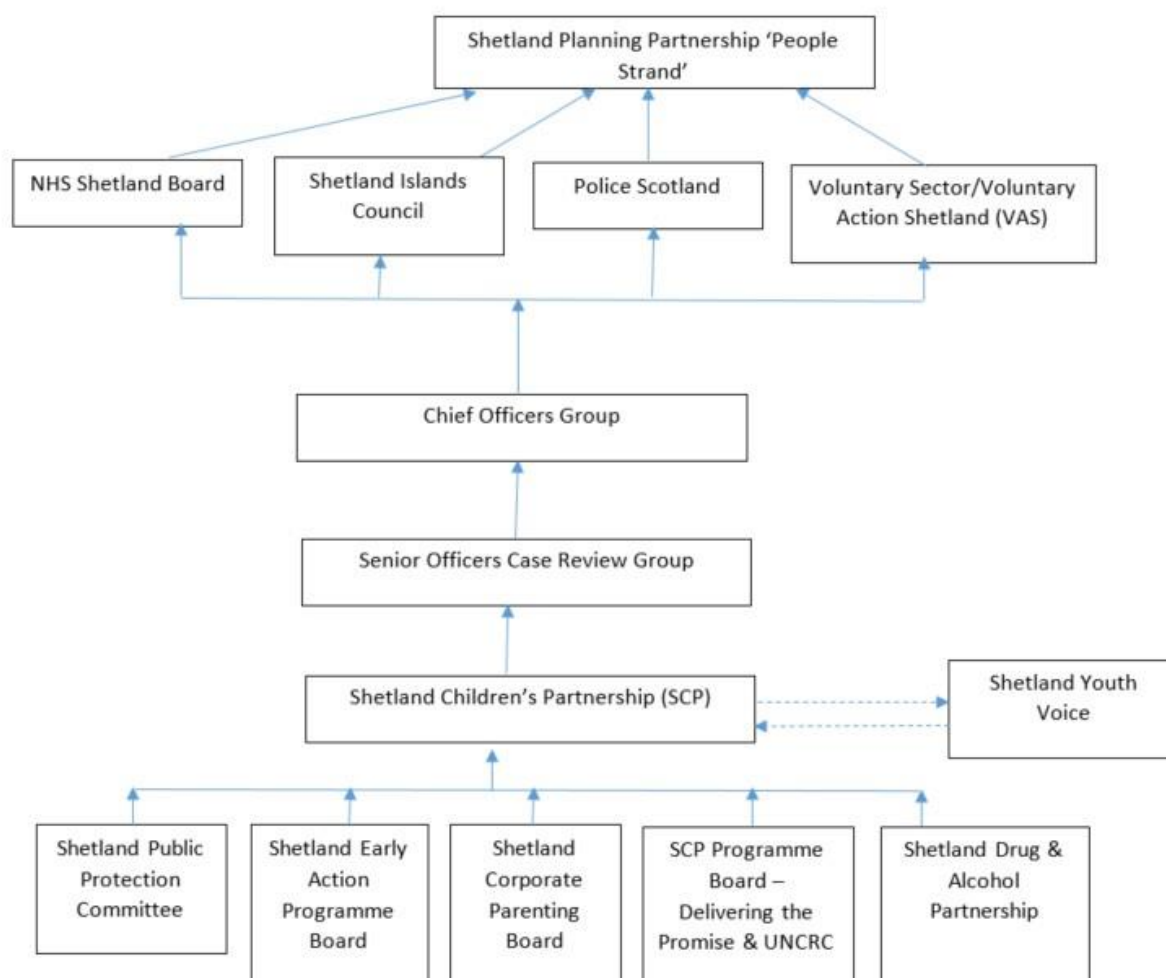
Snippets of data for CYP in Shetland see Appendices for more information

## Building strong foundations for effective partnership work

As a Partnership we aim to be reflective on our progress, providing robust assurance and striving for improvement. To these ends, a number of pieces of improvement work to strengthen the foundations of the partnership have been progressed in 2021/22. These include:

### Review of the Shetland Children’s Partnership

A series of workshops, focussed discussions and interviews were held through the first part of the year to understand what children, young people, services, and families and carers, hopes for the partnership were. The outcomes of this piece of work included key themes from young people (see Participation section), ways in which the Partnership hoped to work differently, and a draft model of how the partnership could provide assurance.



Since the review, the Partnership has incorporated relevant Chief Officers into the group to support the oversight and progress of collaborative work. It is hoped this restructure will support improved joint working over the coming year.

## Health Needs Assessment

To support evidence based, effective decision making and prioritisation it was agreed to build on the existing data collection and work towards having a comprehensive Health Needs Assessment for Children and Young People locally.

Health Needs Assessment is a systematic process of looking at issues that face a population and identifying how to use data to agree priorities and resource allocation. It provides an excellent opportunity for cross-sectoral partnership working and has been lead by the local Public Health Information Analyst.

One of the aims of the work has been to make data more accessible and shareable across the partnership, to support planning and improvement. A great variety of data has been brought together and a system for collation and production of dashboards procured. Unfortunately IT issues have delayed the sharing of the dashboards. This work is ongoing, though limited by information analyst capacity, and will be picked up through 2022/23. An example of a future dashboard is included at [Appendix 8](#).

## Review of Integrated Children's Plan

In recognition of the limitations of engagement during COVID restrictions, and the shifting landscape as we emerge from the COVID pandemic into the Cost of Living crisis it has been agreed within the Partnership to continue work to review and revise the Integrated Children's Plan 2021-24. This will help to more effectively steer our work as a Partnership, while we continue to develop the model of assurance in which we sit locally and ensure our work is relevant to the ever-changing circumstances we find ourselves in.

This work will be taken forward in 2022/23. In recognition of current challenges it will be closely linked with and informed by our local Child Poverty strategy which is in development in line with the national Tackling Child Poverty Delivery Plan 2022-26, [Best Start, Bright Futures](#).

## A Learning Environment

As a partnership we recognise the need to learn and develop if we are to meet current and future challenges effectively. Some of the ways in which we are nurturing a learning environment, beyond the core or basic training of staff, are shared below, these include:

- Increasing skills and capacity through targeted secondment opportunities
- Supporting and celebrating the use of improvement methodology
- Transparency and collaborative engagement with inspection processes
- Focus on improving training delivery and reach

### *Embedding key elements from Anchor*

Local experience has previously shown that the spread, or upscaling, of successful pieces of work has been difficult to achieve. With the current Anchor project, now embedded in the Early Action Programme Board, the sharing of learning has been approached very intentionally from the inception of the project with an understanding of change, and what can make it difficult to embed new or different ways of working.



Anchor have been developing their approach over the past few years to understand what is needed to support families better in Shetland. This process of ongoing refinement, engagement and review has helped to shape understanding around the key characteristics of successful family support:

- Build a trusting relationship;
- Provide the opportunity to talk about any issue;
- Enable access through a communication channel that suits the individual (Facebook, email, phone, face-to-face meeting);
- Listen without judgement;
- Support access to services and information at the right time for the individual, which requires the Project Officer to have a breadth of knowledge about available support; and
- Maintain an open door to enable potential follow-up if further support is required.

Having refined and distilled the key components of the work effort has been made to share this at operational and leadership levels to help demonstrate success, build support and drive change.

In 2021/22, an investment of £140,000 was secured from The Promise Diagnostic fund. Aligned to [The Promise Plan 21-24](#) priority areas of 'Whole Family Support' and 'Supporting the Workforce', this funding was used to fund three Early Action Officer posts, offered as part-week secondment opportunities from NHS Shetland, SIC Children's Services and the local third sector. These posts were designed with the aim of gaining involvement from families, supporting families to be involved in redesign work, challenging practice within our collective organisations and creating change across our services.

More detail about Year 3 of Anchor is available at [Appendix 6](#).

#### *Building Capacity for Improvement*

The passion and drive of our teams to achieve better outcomes for children and young people in Shetland has always been strong. Over recent years, there has been a growing recognition of the need to channel this enthusiasm for improvement to be effective and consistent across our system by using evidence-based methods to plan and implement change.

Access to [Scottish Improvement Foundation Skills](#) (SIFS) training delivered by the NHS Staff Development team has been made available to any partner organisation in Shetland for a number of years and we are beginning to see the benefits of the use of improvement methodology, more consistent language around change and improvement, and better use of data in monitoring and reporting on improvement. [Appendix 2](#) includes an example of a member of staff from Education using improvement methodology skills gained through SIFS training to improve outcomes (KITBAG).

Using the [Scottish Approach to Service Design](#) (SATSD) is assisting the Early Action Programme Board in supporting a change in our 'system' rather than simply adding another service to the landscape. The SATSD will contribute to building on the learning from Anchor and informing the wider Early Action Program of change. The use of appropriate and consistent monitoring and evaluation tools will continue to inform future direction and support sharing of learning and driving on improvement.

Our local Peer Education Network and the Emotional Wellbeing and Resilience project have also benefitted from accessing SIFS training and supporting the use of improvement tools within their work.

*Guided Inspection – collaborative review and learning*

In May 2021 partners took forward the Care Inspectorate’s invitation to undertake a guided inspection by organising an interagency record reading exercise. This was a significant piece of work between social work, health and education colleagues. 50 health and social work files of children and young people who were subject to child protection processes or looked after were included to be reviewed by members of our local teams trained as “file readers” by the Care Inspectorate. The process was supportive to teams involved and doing it collaboratively helped the file readers develop their skills in reading of interagency records. An action plan to address needs identified through the exercise has been put in place and is being monitored by the Children’s Social Work Quality Improvement Group and the Integrated Children’s Services Quality Assurance Group (ICSQAG).



The main points identified by the exercise were:

What went well?	What could be better?
<ul style="list-style-type: none"> <li>✓ Good chronologies</li> <li>✓ Interagency working and sharing of information</li> <li>✓ Rapid responses to children at risk of significant harm</li> <li>✓ Positive supportive relationships with children and young people that provided continuity</li> <li>✓ Opportunity to give feedback that supports learning of social work and health staff</li> <li>✓ Continuity of care in the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>→ Action plans as part of children’s plan need to be SMART</li> <li>→ Recording often too brief or too long</li> <li>→ Ensuring staff have supervision and that it is recorded</li> <li>→ Ensuring staff have good information about discriminatory practice</li> </ul>

Source: Shetland Public Protection Committee Annual Report 2021-22

*Focus on improving training delivery and reach*

Training strands locally which support the aims of the Plan include Child Protection training and the National Trauma Training Programme, which is available online to people in all sectors, and is championed by a local trauma champion within SIC and NHS Shetland. Child and Adult Protection training continued to be delivered online, with face-to-face delivery recommencing towards the end of the year.


In a coordinated effort to improve the reach and impact of Child and Adult Protection training the Shetland Public Protection Committee established an Inter-partnership Training Group in 2020-21, which has, over the course of 2021-22, been developing a new training strategy, set to be published and implemented later in 2022.

**877**  
people completed  
online "Its  
Everyone's Job"  
Level 1 Adult and  
Child Protection  
training

## Equity

What are we hoping to achieve?

2021



2024

- Increased understanding for staff and community leading to reduced stigma around child poverty;
- Build equity practice in schools;
- Further develop transitional pathways for young people with complex needs moving into adult services including mental health
- Further develop early intervention and prevention services
- Create trauma informed organisations and community where every encounter matters, preventing re-traumatisation through relationships that offer collaboration, choice, empowerment, safety and trust.
- Develop an holistic Early and Effective Intervention approach for people in the youth justice system

For the purposes of this report 'Equity' includes work to tackle child poverty, which has been extensively reported in our fourth [Annual Child Poverty Action Report](#), as well as collaborative work to address equity of access to services and opportunities, and equity of outcomes for our children and young people.

Inequalities, the avoidable and unfair differences across our population and between groups within our population, are longstanding and result in shorter lives, lived in poorer health, with poorer outcomes in education and work. By improving access to appropriate services and support, and by ensuring those services are effective for everyone who needs them, we hope to make Shetland fairer for everyone.

### Tackling Child Poverty

Shetland's Annual Child Poverty Action Report (ACPAR) aims to capture the work that is happening to tackle the drivers of child poverty: income from employment, costs of living, and income from social security and benefits in kind.

A concerning theme throughout this year's ACPAR is a feeling among services and communities that it is increasingly the case that families are accessing everything to which they are entitled but are still struggling to meet their basic needs. In the face of the worsening cost of living crisis, there is growing concern for children and families across Shetland.

Shetland   
Cost of Living  
**20-65%**  
higher than UK  
average

The ACPAR is set out under the following headings, a sample of work from each is highlighted – readers are invited to access the [full report](#) to understand the depth and breadth of work undertaken this year, illustrated throughout with case studies.

<p>Understanding the Issues</p> <ul style="list-style-type: none"> <li>→ Combining local and national datasets for better understanding</li> <li>→ Making data meaningful and accessible</li> </ul>	<p>Increasing Household Income</p> <ul style="list-style-type: none"> <li>→ Supporting economic development</li> <li>→ Improving childcare provision</li> <li>→ Parental Employability support</li> </ul>
<p>Reducing Cost of Living</p> <ul style="list-style-type: none"> <li>→ Cost of the School Day</li> <li>→ Fair Food and Grow Shetland</li> <li>→ Citizens' Advice Bureau, Food and Fuel Bank work</li> </ul>	<p>Building and Nurturing Relationships</p> <ul style="list-style-type: none"> <li>→ Anchor, practical and emotional support</li> <li>→ HENRY approach</li> <li>→ Wellbeing 1000 group</li> </ul>
<p>Building Capacity</p> <ul style="list-style-type: none"> <li>→ Money Worries training, supporting good conversations</li> <li>→ Supporting decision makers</li> <li>→ UNCRC development work</li> </ul>	<p>Impact</p> <ul style="list-style-type: none"> <li>→ Youth Participation Officer</li> <li>→ Encouraging consistent approach to measuring and communicating impact and outcomes</li> </ul>
<p>Strategic Approach</p> <ul style="list-style-type: none"> <li>→ 'Just Transition' developing an effective climate change strategy – embedding equity into day-to-day working</li> </ul>	<p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> <li>→ Consistent language in sharing and reporting</li> <li>→ HENRY project external Evaluation by 'The Lines Between'</li> </ul>

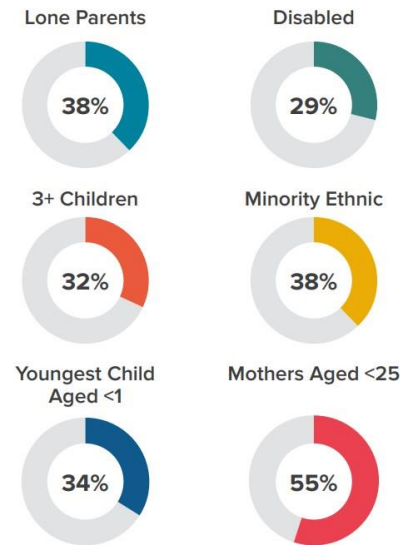
A wide range of partners are working with Council officers to develop a new Child Poverty strategy for Shetland. Key partnership actions, which are intertwined with our SCP work include:

- A communication campaign to continue to destigmatise seeking help;
- Expansion of support to enable parents to move into work, or improve their employment status;
- Ensuring local climate change measures do not proportionally impact on low income households;
- The rollout of Anchor for Families, to support households to access supports; and

- Delivering on the Scottish Attainment Challenge.

This strategy will strengthen the focus on the families at greatest risk of poverty. Almost 90% of children in poverty in Scotland live within the six priority family types outlined by the Scottish Government:

- Lone Parent families
- Young mothers (under 25 years old)
- Minority ethnic families
- Large families (3 or more children)
- Families with a baby (under one year old)
- Families with a disabled adult or child.



*% Children in relative poverty in priority families by group*

### Equity of access and outcomes

Work to improve access and outcomes for children and young people in Shetland follows three broad strands:

1. Making services more inclusive and easily accessible
2. Nurturing the capacity of children and young people to access opportunities and tackle challenges
3. Practical support to connect families with what they need

### Inclusive and Accessible Services

Underpinning much of the specific work shared below we have an ambition to create trauma-informed organisations and communities in Shetland. The roll out of the national trauma training programme locally is being driven by 2 trauma champions working within the SIC and NHS Shetland. The SCP hopes to lead by example by taking a trauma-informed approach to service improvement and delivery.

### Education

As well as developing our intervention services within education, with multidisciplinary teams from across the partnership, we are enhancing the “Universal Support” we offer, i.e. that which is available to all children and young people. This is built on the ambition that every child and young person has the same opportunity to succeed.

All our schools in Shetland have been implementing the 6 Principles of Nurture for a number of years. These principles help to embed a trauma-informed approach across our schools and settings, and recognise that positive relationships are key to learning and wellbeing.

A key resource we have invested in this year is training a group of local professionals to deliver 'CIRCLE' training ([Child Inclusion Research into Curriculum Learning Education](#)) – this aims to promote effective inclusive practice among teachers, building a framework for them to use their teaching expertise to best effect for everyone in their classroom. The local team began delivering this training towards the end of academic year 2021/22, and will roll out across staff groups in 2022/23 in Early Years, Primary and Secondary settings. This coordinated approach will add consistency across our settings.

Making the classroom more inclusive also means supporting everyone to benefit from the Curriculum for Excellence. [SCERTS](#) (Social Communication, Emotional Regulation and Transactional Support) is a research based approach and framework for assessment and planning for individuals with a range of additional support needs including neuro-developmental differences.



The approach is designed to help families, teachers and health and care professionals collaborate to maximise opportunities for children and young people to build competence and confidence in social communication and active learning. Following a 3-day training event in October 2021 we have developed a local multidisciplinary group to work alongside schools to use the SCERTS model to support pupils with Additional Support Needs (ASN). The approach, though in the early days locally, is already showing promising results for some of our children for whom communication within a verbal world is most difficult.

#### *Education Outreach Service*

[The Education Outreach Group \(ASN\)](#) exists to promote inclusion and improve outcomes for CYP within all Children's services across Shetland. Their remit includes working with staff, partner agencies, children, young people, families and carers to support a flexible, holistic approach to inclusive provision in line with the GIRFEC process and principles. Given the breadth of their remit and support offered the group is continually developing to offer the best possible support to individuals and teams in Shetland. Some highlights of this development include:

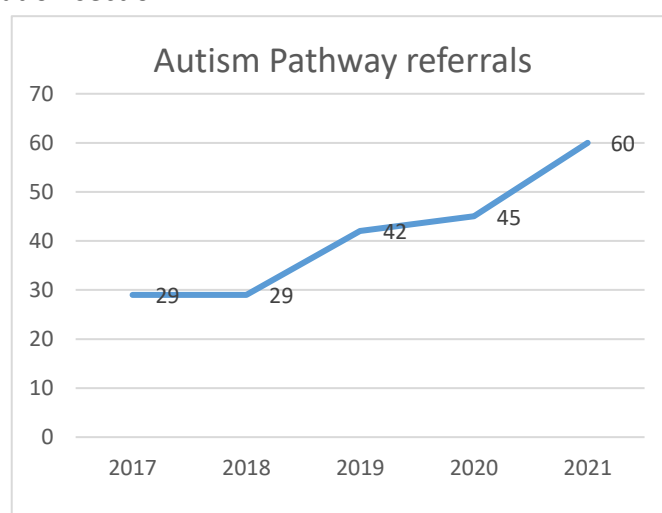
- Specialist Teachers: 2 Post-Graduate Diplomas in Inclusive Education gained, 1 in Deaf Education, 1 in Visual Impairment Education
- BSL 1+2: Supporting availability of British Sign Language learning locally – a digital programme allowing staff to learn alongside pupils in their classes
- Collaborative work with Guide Dogs Scotland to offer person-centred training and support for children and young people with visual impairment focussing on: Mobility, Orientation and Independent Living skills]
- E-PAtS: Early Positive Approaches to Support, a pilot project offering support and information for families of children aged 0-5 with global developmental delay, learning disabilities or ASD in collaboration with Ability Shetland. (see [Appendix 3](#) for more information)

### Neuro-Developmental Pathways

A joint project across the Partnership has been developed to review neurodevelopmental pathways with a view to clarifying and developing effective diagnostic pathways, identifying training needs and using GIRFEC to support effective joint planning. A series of workshops with local professionals took place between October 2021 and January 2022 looking to explore challenges, hopes and solutions around Neurodevelopmental care.

This pathway review has been informed by a project that took place in 2020/21 and into 2021/22 looking to explore how to help improve the health and wellbeing of children and young people with neuro-developmental differences in Shetland. The project involved a comprehensive period of engagement with families, caregivers, staff and the public, aiming to understand what works well, what could be improved and how that improvement could be realised, as well as public perception and understanding of neurodevelopmental differences. More detail is shared in the Participation section.

This is a critical piece of work as we have seen referrals made for ASD assessment rise significantly in recent years, and need to provide a holistic, consistent experience for children, young people and their families who require support. The next stage of the project to be taken forward in 2022/23 will be to consider current pathways and practice, effectiveness of skill mix within those pathways, and options for support following diagnosis. An options appraisal of a best approach for people in Shetland will be considered later in the year.



Autism Pathway Referrals 2017-2021

### Whole Family Support for those affected by Alcohol and Other Drugs

Following publication of the [Families Affected by Drug and Alcohol Use in Scotland](#) report in late 2021 work is planned between the local Shetland Alcohol and Drug Partnership (ADP) in collaboration with Shetland Public Protection Committee (SPPC) to undertake a stocktake of how well we are supporting families affected by alcohol and other drugs in Shetland currently. Having a small workforce covering remote and rural geography means providing specialist support in all areas can be difficult. Support for children and young people affected by use of alcohol or other drugs is an area that has been considered a “gap” in provision locally. It is likely that the solution to this will be multipronged, including upskilling existing services to be confident in supporting children and young people in a person-centred way when alcohol or other drugs are part of their environment, improvement of the universal offerings through education around alcohol, drugs and other risk-taking behaviours, and exploration of any specialist support required in the area.

Any improvement work will be collaborative, including partners who support delivery of education relating to alcohol and other drugs within the school setting such as the OPEN Peer Education programme, Dogs against Drugs, Shetland Women’s Aid and The Compass



Centre; and will be co-designed with children and young people to ensure any change is for the better.

The review of the SCP included bringing the Shetland Alcohol and Drug Development Officer into the Partnership to strengthen links between the SCP and the ADP. It is hoped that strengthening these leadership links will support the implementation of any changes or improvements identified by the stocktake and subsequent exploration work.

### *Bairns' Hoose*

The Scottish Government have committed that “all children in Scotland who have been victims or witnesses of abuse or violence, as well as children under the minimum age of criminal responsibility whose behaviour has caused significant harm, will have access to a ‘Bairns’ Hoose’ by 2025”. The Scottish Bairn’s Hoose values for achieving this vision fit well with our own, and our main challenge will be in making this approach effective for our population.

Bairns’ Hoose key values:



- we are child-centred, trauma-informed and respect the rights and wellbeing of the child at all times
- we provide consistent and holistic support, which enables children to have their voices heard, access specialist services and recover from their experiences
- we aim to prevent children being retraumatised and to improve the experience of the justice process for children and families
- we demonstrate connectedness and national leadership to uphold children’s rights to protection, support, participation and recovery

To realise this national commitment at a local level requires significant local expertise, support and collaboration, particularly given our geographical and workforce context that means routinely accessing specialist support services in other areas.

To ensure the Bairns’ Hoose model can work for Shetland we have been advocating for our local needs and exploring challenges at both national and regional levels with colleagues in health, social work and government. At the same time we have been working as SCP to understand our local context and the strengths of our network of current initiatives.

While we work hard to ensure Shetland is part of the national conversation and on development of the model, we know it is imperative to involve our children and young people, and our local expertise in statutory and third sector, in developing services, networks and channels of communication to support the Bairns’ Hoose model of the future. To bring together the next steps on this project, a workshop is planned that will explore further this national commitment in our local context.

### *Nurturing Capacity of Children and Young People*

While services endeavour to be more inclusive, it is also key that we support children and young people to build their capacity, to take opportunities and overcome challenges they face. A number of supports in place locally aim to build the resilience and coping skills of our children and young people, enabling them to effectively access school, work and social opportunities.

As well as our core services in education, we have a wealth of third sector provision with hugely experienced and valuable teams supporting our children and young people alongside education, health and other partners. These include [Mind Your Head](#) Well Youth service, [The Compass Centre](#), [Shetland Carers](#) Young Carers and Sibling Groups, and Shetland Women’s Aid, to name but a few who provide invaluable services within Shetland. To understand more about the work of Shetland Women’s Aid, see [Appendix 4](#).

#### *Prevention Education – Shetland Women’s Aid*

Over the past year the Prevention Education worker has designed and delivered a series of high-quality, evidence-based educational workshops that are aimed at making young people aware of various themes related to domestic abuse and wider issues of gender-based violence including gender stereotypes, online behaviours, consent and much more. These workshops have been delivered to all Secondary 1 and Secondary 3 pupils in Shetland with translates to being an estimated 450 young people.

Shetland Women’s Aid also took part in the Public Protection #VSVS (Virtually Safe Virtually Sound) days. These days saw a team travel to Unst and Yell to deliver educational workshops related to digital safety to all children from Primary 7 up to Secondary 4. This was the first workshops to have taken place since the Covid-19 Outbreak and were measured to be a great success. It was brilliant to be given a chance to input on these days.

#VSVS Day Feedback:

“I can now tell the signs of a toxic relationship”

“I will stop adding people that I don’t know very well”

“I learnt what coercive control is and what love bombing and gaslighting”

#### *Emotional Wellbeing and Resilience*

The Emotional Wellbeing and Resilience (EWR) project came to an end in March 2022, with the work being continued under the banner of the Early Action Programme for 2022/23 and beyond. One strand of work developed locally, following the fieldwork of the EWR workers, was a pilot project to employ an Emotional Support Officer (ESO) in a local Primary School. This was an extension of the school’s work to become a trauma-informed school, and the staff’s identification of a need for additional emotional and social support within the school. The ESO works with children and families in a relationship-based model, building resilience and empowering them to develop their potential.



Feedback from staff and pupils has been very positive, reporting the input having an impact on individuals and the whole classroom environment when they feel better able to engage with classroom activities and their peers.

*'I really believe their time with the ESO has been a big factor in them feeling able to attend school most days'*

*'It's helpful because it gets my worries away. When I'm in here I don't worry.'*

*'I find class hard sometimes as it's noisy but also because I have things on my mind.'*

### *School Counselling Service*

This service has been running since October 2020 and is available to any child or young person aged 10 or over who is enrolled in an educational setting. The service accepts referrals from link staff in each school, health professionals, individual children/young people or their parents/carers.

*'I never thought things could be different. There is a lot of stuff I can't change around me but counselling has helped me figure out who I am and not just who I think I need to be a lot of the time'*

*Primary School pupil*

Recognising the difficulties individuals, families and professionals often face in trying to access the right support, in the right way, we have set up a multi-agency panel who meet weekly to consider referrals and match them to the best service or support available.

*'I definitely get stuck in my head and my thoughts take over then everything just feels complicated and really huge. Being with my thoughts in counselling, instead of just when I am on my own, has made them less scary or in charge.'*

*Secondary School pupil*

This panel includes representatives from CAMHS (Child and Adolescent Mental Health Services), School Nursing, Educational Psychology, School Counsellors, and the Executive Manager for Inclusion. The effect of this pre-meeting means referrals can be effectively prioritised, and matched to appropriate input, professionals can build on others' input to save people retelling their stories, and provide pre- or post- counselling support as required, and children, young people and their families don't have to navigate the complexities of service boundaries and criteria.

### Building Resilience

We have a number of things available within our educational settings to help children and young people build resilience. 'Resilient Kids' is a programme to support learning positive approaches to challenging situations that is in action in four of our local schools, to be rolled out further in 2022/23. The programme arcs across the age ranges from early years through primary, to secondary – building resilience through day-to-day universal activities from this early age is part of our prevention and early intervention approach.

Zones of Regulation is currently being delivered to staff by our Educational Psychology service – this is designed to help children and young people to develop self-regulation skills and once implemented by staff is a resource that remains within the classroom for pupils to use independently throughout their days, applying their learning and practicing their skills. 176 staff across 11 schools have received training in the programme so far.

### Kitbags for Shetland Schools

In a collaborative project between the Educational Psychology Service and the Central Inclusion Team, supported by funding from the Scottish Government's Community Mental Health Fund, every school in Shetland has been provided with a 'Kitbag'.

The 'Kitbag' contains different resources including feelings cards, fabrics, timers and a talking stick, and can help adults reach out, listen and understand what children and young people are feeling.

To find out more about the impact of a Kitbag see case study at

[Appendix 2](#)

### Practical Support to Access Support

We hear through feedback from children/young people and families/carers that knowing what support is available can be an issue, and that taking the first steps to access what you need can be overwhelmingly difficult for many. We know from our staff experience that often people who need support don't access it until they come to a crisis point, and historically we've been unaware of these families who are under pressure, but are below the threshold of statutory services.

### Anchor

These families under pressure are exactly who Anchor for families was designed around. The Anchor project has



continued to develop through its third year of implementation in 2021/22. The project benefitted from an extra £140,000 of funding from The Promise for Whole Family Support – as described in the [‘Building Strong Foundations’](#) section.

The Anchor project has evolved in response to feedback from families they work with. A key area they offer support in is connecting families to other services who can offer freely available support – evidence shows not all households are aware of, or feel able to access support they are entitled to, including:

- Citizen’s Advice Bureau (CAB) for Benefit Checks, Debt Advice, Energy Advice
- Access to benefits available through the Council, such as Free School Meals and School Clothing Grants
- Employability Pathway for support to move into work or improve work prospects
- Food Bank for emergency food
- Fuel Bank for support to pay for fuel bills
- Clothing and other essential household items.



*Family wellbeing practitioners*

The Associate Family Wellbeing Practitioner model has been designed and delivered as Shetland’s approach to the challenge met by the [Family Nurse Partnership Programme](#) nationally. The model was co-produced as a partnership between NHS Shetland Child Health and Shetland Islands’ Council Emotional Wellbeing and Resilience project. A gap in services for families affected by Adverse Childhood Experiences (ACEs) who need early support to be able to provide a nurturing and loving environment for their own children was identified by existing universal services including midwives, health visitors and social work.

The service is built around the GIRFEC SHANARRI domains and aims to help referred families prepare for the emotional and practical aspects of parenthood, help parents provide appropriate and nurturing care and help families overcome socioeconomic challenges. Families can be referred if there is a history of trauma from adverse childhood experiences, safeguarding concerns, history of being looked after, significant mental health issues, learning disability, substance use, domestic abuse, suspicion of being trafficked, lack of good quality support from extended family, poor parenting experience as a child, or if professional judgement indicates that the service would be beneficial.



*SHANARRI domains*

Much of 2021/22 was taken up with the planning and recruitment process with 2 part-time practitioners (1 WTE) coming into post in late 2021. Following a period of training the service began accepting referrals in February 2022 – outcomes and impact of the service will be reflected in the 2022/23 report.

### Strengthening families

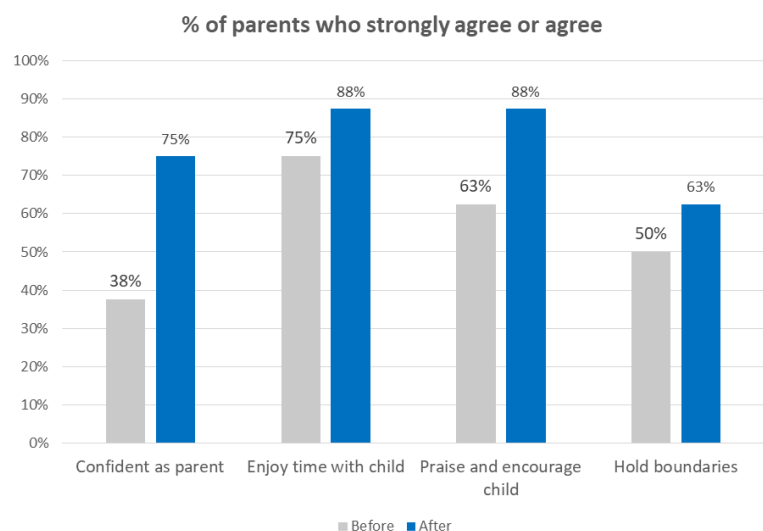
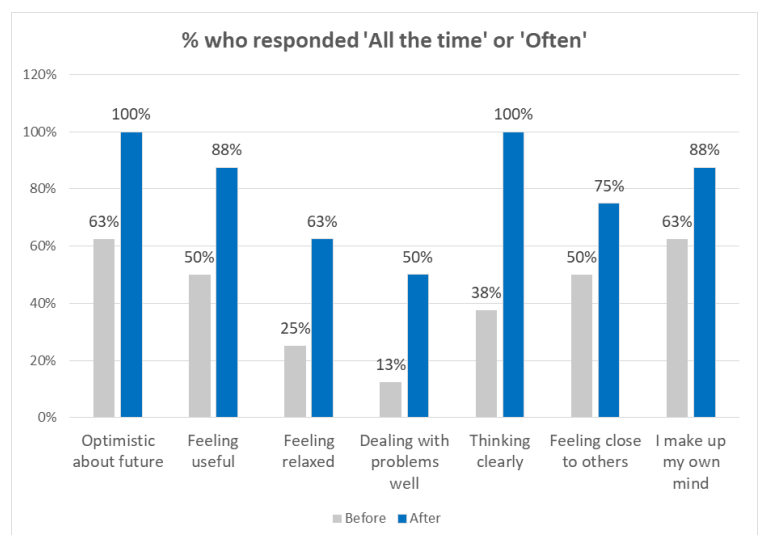
Building the capacity of families to be able to cope with and overcome challenges, and feel confident to access support when they need it is another key element in our approach to early intervention and prevention for CYP.

In 2020/21 Shetland began implementing the HENRY approach – a holistic approach to working with families that increases parental confidence and capability to provide a healthy start for their child. The approach brings together support for parenting efficacy, family emotional wellbeing and behaviour change with information about nutrition, physical activity, oral health and more.

The HENRY approach aligns with our other relationship-based, person-centred, solution-focused offerings with different levels of training. From a base level to support front-line staff in any service to have effective conversations to empower and support behaviour change, to more in-depth group and 1:1 intervention delivery.

The core training to have these helpful conversations has been accessed by a wide variety of partners including Health Visitors; Maternity Healthcare Assistants; Play Workers; Oral Health team; Private Nursery settings; Social Workers; Shetland Recreational Trust staff; Occupational Therapists; Anchor staff; Youth Employability Team.

Anyone who has accessed the training is invited to quarterly peer support sessions to share challenges, strengthen the network and drive improvement. Healthy Shetland (NHS Shetland Health Improvement Team) who are driving this work in conjunction with the Family Centre see this strengthening of the workforce as key to providing



early intervention and prevention, with effective, coordinated, consistent support and messages across all services families may encounter.

The locally trained team have been offering Healthy Families, Right from the Start, an 8 week family programme, online through 2021/22, and more recently in person. The programme has been subject to an external review by 'The Lines Between', a social research group – full report available on request. The programme has shown improvements in a number of areas including parenting and mental wellbeing.

A number of other effective parenting supports are available through the Family Centre, who have programmes suitable from early years to teenage years. A case study outlining the work of the Incredible Years programme is included at [Appendix 5](#).

The next stages to improve family support is to offer a single point of access through the family centre that will match people with the most appropriate support – it is recognised that striking a balance between services being publicised and raising awareness, and offering an uncluttered, accessible service environment is difficult, and there is work to be done to improve this for families. The parenting offerings are also set to expand into the ante-natal and pre-natal stages over the coming year.

#### *Perinatal and Infant Mental Health (PINMH)*

Supporting families has to begin early, and be accessible in a way that suits families to engage. Recognising this, partners at NHS Shetland have been working to develop a Perinatal and Infant Mental Health pathway that more effectively and consistently supports those who need intervention. This pathway is co-delivered between Mental Health, Maternity and Health Visiting, and also reaches out into the community, working with third sector partners Mind Your Head to offer lower level support for families with young children.

Given restraints of local team size, resource and expertise, many clinical pathways require links off-island for people who need more specialist support. By bringing Mental Health staff into maternity, this support and transition can be managed more

#### *Wellbeing 1000*

A nurturing and compassionate wellbeing support service for families with infants up to the age of 2.5 years Wellbeing 1000 includes a Wellbeing Group, one-to-one support and peer-to-peer support.

The name refers to support being for the first 1000 days of a child's life – supporting children and families in this early period can improve children's health, development and life chances, helping to tackle the unfair and avoidable differences in our communities.

The group began in September 2021 and has temporary funding for another 12-18 months, it is run by a part-time Wellbeing Practitioner, a local midwife who is seconded one day per week, and 2 volunteers.

We have seen the group grow organically through word of mouth, and families attending feedback that they feel they can speak to new people, and make new connections in a way they find difficult in traditional toddler groups.

effectively, with better communication and the family at the centre.


Working with Mind Your Head has brought another dimension to delivery of mental wellbeing support for families with young children, and the wealth of lived experience feedback they had from their existing services has helped to shape the offering to suit our community's needs. This feedback, along with funding from NHS Shetland, and the expertise of MYH practitioners and a local midwife who has joined the team on part-time secondment has supported development of the Wellbeing 1000 project.



## Participation

What are we hoping to achieve?

2021



2024

- Ensure decisions about how to make services better at the design, commissioning and delivery stage are made together with children and young people.
- Ensure the views of young people are heard and help to inform SPPC

“lives of young people in Shetland are better – that’s what successful young people’s participation looks like.”

Young Person, SCP Review

We know that to provide better services and support for children and young people we have to design those services together, with them and their families opening the discussion, and supporting people to be involved. We are starting to see some really effective engagement with young people advocating for change in areas that affect them – a summary of youth participation in Shetland is included at [Appendix 1](#), a poster compiled by the Youth Participation Officer with Youth Services.

The SCP has undertaken some participation work of its own when looking at the review of the partnership – feedback from 1:1 interviews with young people is helping shape the SCP’s approach to future participation and engagement. The key messages from young people were clear:



## Neurodevelopmental Differences and Health and Wellbeing

A project looking at how we can improve the health and wellbeing of children and young people with neurodevelopmental differences in Shetland ran through 2020/21 and into 2021/22, with some delays in delivery due to the COVID-19 pandemic.

The project included engagement with children and young people and families and caregivers, to understand what works well, what needs are, and potential solution; and a second stage involving a public survey to better understand local awareness of neurodevelopment differences. The results of this work have been used to inform development of the Neurodevelopmental Pathway. A selection of the findings is shared below, with the full report available on request:

*'What works well is the front line staff that my child meets through education and short breaks. They are caring and diligent. They give up their time to learn'*

*'there is nothing better than speaking to someone that actually gets it. Nothing beats that'*

5 themes emerged from the engagement with children, young people and their families/caregivers, these have been used to shape subsequent priorities for action across services:

- Diagnosis and post diagnosis
  - One single pathway; social and professional support; information about services.
- Awareness and training
  - For children and young people and teachers; inclusivity awareness in all settings.
- Communication
  - Among professionals/settings, and with families; joined up planning and GIRFEC meetings; communication adapted appropriately.
- Community
  - Social, sports and practical skills groups should be available across Shetland; different settings supported to have neurodiverse sessions.
- Services
  - Build a Learning Disability Service – not just an LD Nurse; Clear understanding of what's available and who to contact; capacity to coordinate opportunities for all; improve transition support.

## EWR feedback

The Emotional Wellbeing and Resilience workers built on themes emerging from their 2020/21 survey with a series of focus groups in 2021/22 aiming to understand more about what young people know about services and what the barriers are to accessing them. A selection of quotes from the focus groups is included at [Appendix 7](#).

12 Focus Groups  
49 Young People

The 5 areas for action identified by the focus groups, following analysis by the EWR team, to remove barriers and improve access to services were:


Stigma	<ul style="list-style-type: none"> <li>• Education was the top way identified to break down stigma. This could be done by services doing school visits, e.g. doing talks, workshops or just having a presence in the school. Some discussions spoke about younger/relatable people coming in and doing talks on topics such as mental health to destigmatise. This could also be done through social media campaigns</li> </ul>
Transport	<ul style="list-style-type: none"> <li>• Subsidise travel for young service users. While there is now free bus travel for under 22's this does not include those up to 25 nor does it cover ferries.</li> <li>• Provide services online via video call and make this known</li> <li>• Services visit young people both in their own homes or doing visits to rural areas, e.g. booking a space like a community hall and providing service from there one evening a month</li> </ul>
Access	<ul style="list-style-type: none"> <li>• Young people identified the ideal way to put information out is through Facebook and Instagram, though services may need to have a better social media presence. It was brought up that some young people only ever see posts from services that do things such as online campaigns or giveaways.</li> <li>• Young people also felt doing school visits/outreach work was one of the best ways to get their name out there. They felt either doing talks to classes or doing workshops would be the best way. This ties in with ending stigma but also raises awareness of the service visiting and what they provide. Especially if there was some consistency/regular visits.</li> </ul>
Finances	<ul style="list-style-type: none"> <li>• Finances had a lot to do with transport. For some young people it was also to do with in between waiting for appointments or buses, having to buy a coffee to be able to sit and wait. Again, offering subsidies or visiting the young person would take this issue away.</li> </ul>
Processes	<ul style="list-style-type: none"> <li>• Have referral forms more young person friendly</li> <li>• Have the option for young people to refer via messaging (whether this be social media or a messaging platform on your website like the askmygp function)</li> <li>• Have the option for staff to help young person through forms either in person or on video call.</li> </ul>

*Areas for action to improve accessibility of services*

## Children's Rights

What are we hoping to achieve?

2021



2024

- Communities more aware of children's rights across all services and activities
- Create 'child friendly' public services in health, education, arts and culture, leisure and social services to welcome and support young people and children.

### Poverty as a Children's Rights Issue

Through sharing of the most recent Child Poverty Action Report, and planning capacity building and awareness raising sessions with decision makers over the past 2 years we have been actively working to position poverty as a children's rights issue to gain the support we need to make a real difference.

### UNCRC

In Shetland we have been working to raise awareness of the United Nations Convention on the Rights of the Child (UNCRC) and improve our services and support to ensure all our children and young people's rights are respected and protected, and we also empower them to advocate for themselves. 10 schools in Shetland actively participate in the Rights Respecting School Award, with Cullivoe Primary school renewing their Gold Status as a Rights Respecting School in Spring 2022.

The youth work team have collaborated with local education colleagues and national and international partners to develop and deliver quality workshops and resources to young people, and training and professional development to staff. The following workshops and resources were delivered in Shetland for the first time this year:

- An Introduction to UNCRC workshop (in partnership with the Children and Young People's Commission and UNICEF) delivered to secondary pupils across Shetland schools. This is an introduction to the principles behind UNCRC and raises awareness of young people's rights – getting them to think about when rights are being upheld or infringed.
- PSE workshop created by RespectMe on prejudice was also delivered by Youth Development staff. The

#### UNCRC CPD workshops

7%

of teachers in Shetland Schools have taken part



Whole school and in-person training planned for November 2022 to increase participation

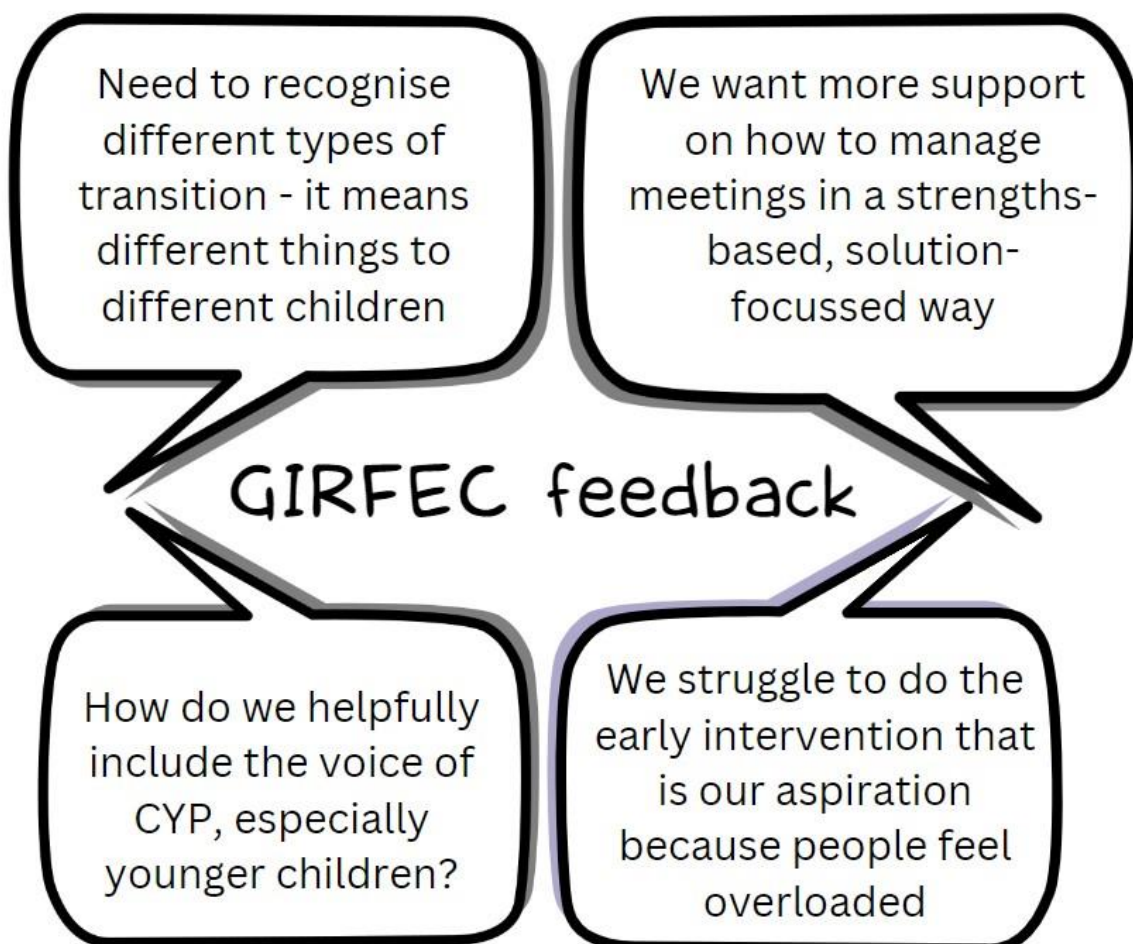
workshop explores the importance of celebrating difference, and to increase awareness of prejudice, stereotypes and racism in society.

- Currently there are three secondary schools using accreditation to support Pupil Council/Voice groups in the form of Participative Democracy Certification (PDC). Youth Development staff support this process and coordinate the accreditation.

#### GIRFEC

The SCP supported the coordination of a local response to the Scottish Government's review of GIRFEC in 2021. This response was gathered via a series of focus groups with people who work with children and young people, in an effort to make the consultation process supportive locally in strengthening networks between partners.

The local response has helped inform the national review, and [refreshed GIRFEC policy and resources](#) have recently published. As well as informing our local response the multiagency focus groups were an opportunity to strengthen networks and understanding between those working with children and young people in Shetland.




*Small selection of GIRFEC feedback themes from focus groups*

## Corporate Parenting

What are we hoping to achieve?

2021



2024

Support all partners to fulfil their corporate parenting duties:

- Be **alert** to matters which, or which might, adversely affect the wellbeing of an eligible young person
- **Assess** the needs of eligible children and young people for any services or support provided
- **Promote** the interests of eligible children and young people
- Seek to provide eligible children and young people with **opportunities** to promote their wellbeing
- Take appropriate action to help eligible young people to **access** these opportunities
- Keep our approach to corporate parenting under constant review, seeking out **improvement** wherever possible

Corporate Parenting describes the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers, as defined by the Children & Young People (Scotland) Act 2014. The Shetland Partnership's approach to Corporate Parenting has been under development over recent years in an effort to improve outcomes for looked after children, young people and care leavers in Shetland. This year a number of changes were implemented to centre the role of Corporate Parenting and improve the effectiveness of partners in this role as corporate parents.

These changes have been put in place since March 2021 and include:

- Incorporating the Corporate Parenting Strategy into future iterations of the Integrated Children's Services Plan;
- A change in membership of the Corporate Parenting Board to enable collaboration and engagement between corporate parents and Care Experienced children and young people;
- The Corporate Parenting Board is now known as 'Meids' and is more action orientated following feedback from the Care Experienced members.



A meid helps you to know where you are, and to steer your way safely, away from hazards. You can use it and return to it again and again.

## #ShetlandCrew – Tending the Light

February 2022 saw the third annual Festival of Care take place in Shetland. This year's festival was titled *Tending the Light*, encouraging Shetland to think about what it takes to keep a light burning brightly, whatever the circumstances. The moving launch film, and closing celebration film can be viewed on the [Who Cares? Scotland](#) website along with a summary of some of the festival events.

Events included an online 'Twilight Gathering' on the final day of the festival where Care Experienced people, local professionals and local and national decision makers came together to discuss what it means to 'Tend the Light' for Care Experienced people with a particular focus on mental health, relationships and wellbeing. A graphic of the panel discussion was captured by artist [Anupa Gardner](#), and is shared below:

*'I just want to help get our message across – it's not our fault, we just want equality, not to be judged.'*

Member of #ShetlandCrew

*'I don't want other people to go through what I went through – I want it to be better for them'*

Member of #ShetlandCrew



Graphic by Anupa Gardner documenting Tend the Light panel discussion (shared with permission)

The '[Tend our Light](#)' report, published by Who Cares? Scotland, is based on an annual process of participation across Scotland and this year focussed on Mental Health. The report has 7 clear asks for change in Scotland to understand how to 'Tend the Light' for Care Experienced people:

1. Dedicated mental health services for Care Experienced people
2. Lifelong mental health support for Care Experienced people
3. Every child in care proactively offered mental health support
4. Supporting loving relationships for Care Experienced people

5. Tailored and specialist mental health training about care experience
6. Mental health education for Care Experienced people
7. The right to choose mental health support and access it quickly

These asks are supported by the #ShetlandCrew locally, and it is hoped that the combination of changes to structure around corporate parenting described above, implementation of The Promise Plan, and improvement of participation will help us effectively improve our services to meet these requests.

### The Promise

The Promise [Plan 2021-24](#) was published in March 2021 and is the first of three 3-year plans working towards Scotland's ambition that children and young people:

“grow up loved, safe and respected so we can realise our full potential”

While all our partnership organisations are committed to delivering on The Promise it was recognised there needed to be stronger leadership and drive to achieve the changes needed across our system. Through the review of the Shetland Children's Partnership we formally incorporated ownership for The Promise into the remit of the Shetland Children's Partnership.

Children's Social Work continue to be an exemplar for change locally. In preparation for the development needed over coming years the team are working to ensure policies and procedures are clearly aligned with the principles from The Promise. In June 2021 an update to the [Children's Social Work Policy](#) was agreed, laying the foundations for changes in practice in coming years with implementation of The Promise.

The partnership have an ambition for The Promise to be embodied in everyday practice, and not reserved for management and meetings, to achieve this we are championing change in 3 key areas:

1. Policies and procedures clearly aligned to The Promise - constructive challenge to existing practice.
2. Language - a focus on changing the way we record and write about people's lives.
3. Establishing lasting ways of engaging meaningfully with children, young people and their families so that this becomes what we do, and in turn influences the way we organise our services.

This year we used £140,000 of The Promise funding, around Whole Family Support, to fund Anchor Practitioners – these posts were designed as secondment opportunities to formally build capacity and strengthen our workforce by offering a period of work within the Anchor Team. The secondments were taken up by staff from health, education and the third sector, and both the Anchor team and the practitioners' usual teams have seen benefits from the approach.



# Youth Participation on Shetland

## Shetland Youth Voice

- SYV is for anyone aged 12-25 who wants the opportunity to get their views and opinions heard at a local, national and international level
- 5 Monthly Meetings
- 22 Young People joined
- 5 Schools Participating
- 5 Third Sector Organisations Participating
- Current project is focused on Mental health and looking at the scale of the issue and what services are there to help.
- A Mental Health General Meeting will be held where young people, relevant organisations and local decision makers can come together to discuss mental health.

## MSYPs

- 2 MSYPs for Shetland - Michaela Christie and John Fraser
- Michaela is a member of the Sport and leisure committee .
- John is a member of the Jobs and Economy Committee.
- They have both attended Education and Families committee meetings, Mental Health meetings, Civic Dinners, met constituents, joined the N.A Youth Advisory Group, virtually attended the SYP Gathering in March and met the Commissioner for Children and Young People.
- They are now conducting a consultation called 'Make Your Mark on Shetland' where they are asking all young people to vote on the topics that mean most to them.
- The first in person Sitting is in July, held in Cumbernauld

## Shetland Eco Activists

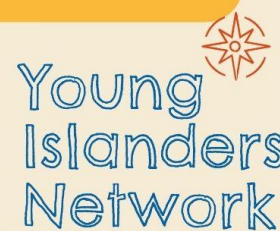
- 3 current members
- 9 COP26 Local Champions
- £3000 funding from ScotGov for COP26 Legacy
- The group has named themselves Shetland Eco Activists (SEA) and have chosen to use the money to hold a Eco Pop-Up Shop.
- This shop will be filled with eco friendly items which young people can use to make their everyday lives less impactful on the environment. items like water bottles, bamboo tooth brushes, cutlery sets and cloth facewipes.
- Members of the group have also held a Youth Climate Surgery - The Moment, and have spoken at COY16 with The Commissioner for Children and Young people, where their story was shared and now shared across the globe by the Commissioner.

## Young Islanders

- 7 current members
- Island Champions are now attending monthly meetings with island champions from the other islands.
- they are also participating in local group sessions with all the Shetland Island Champions


## Additional Projects

- Mums Group?
- Climate Week
- Pride
- 



A case study: What impact does the 'Kitbag' resource have on a pupil's emotional wellbeing?

Gillian Isbister, Teacher, Shetland Islands Council



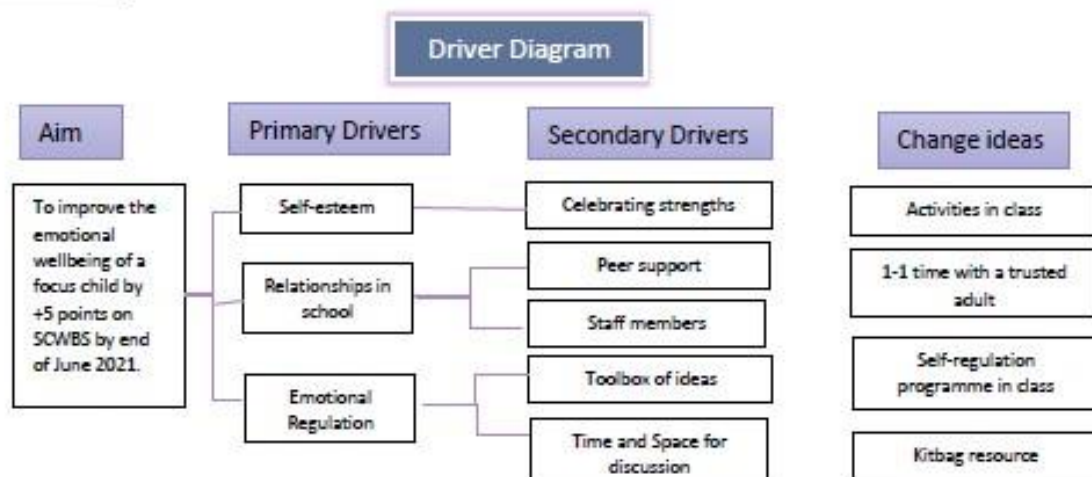
**Aim**

To improve the emotional wellbeing of a focus child by +5 points on Stirling Children's Wellbeing Scale (SCWBS) by end of June 2021.

**Method**

An Upper Stages primary pupil was identified as having issues related to anxiety which were having a negative effect on their emotional wellbeing. The SCWBS was used to establish a baseline measurement and again afterwards to measure any change. Quality improvement tools were used to identify possible ideas for change and also to gather relevant data.

**Process Change**



From this, it was decided that the first change idea would be to introduce the focus pupil to the 'Kitbag' resource to give them 1-1 time and a safe space to discuss their feelings and emotions with a trusted adult. Kitbag is described as 'a set of resources to help develop our inner capacity for mindfulness, calm, resilience, compassion, relationship, reflection and so on'. (*International Futures Forum, 2005*)

It was decided that a teacher from the Educational Psychology Service trained in using the kitbag resource, would lead and implement four sessions initially. An Additional Support Needs (ASN) teacher who the focus child was already familiar with also attended the sessions.

**Results**

The Stirling Children's Wellbeing Scale, which focuses on positive emotional state and positive outlook, was used before and after implementing the resource to gather relevant data. Prior to implementing the kitbag sessions, the focus child had a baseline score of 25. After four sessions, their score increased to 34.



The pupil also completed an evaluation after the sessions, where he rated them '5/5', stating that he would like to use the resource again.

The ASN Teacher also rated the sessions and the resource '5/5' and reported that 'The kitbag allowed for meaningful discussions with a starting point and a focus without putting too much pressure on either teacher or pupil'.

### Conclusions

The cards really helped me to say how I feel.

*Pupil*

Giving the pupil the opportunity to discuss and describe their feelings in a calm and relaxing way had the biggest impact on their emotional wellbeing.

*ASN Teacher*

- The kitbag resource was a really useful focal point in leading discussions which in turn developed many aspects of the pupil's emotional wellbeing.
- Some aspects of the kitbag were more useful than others for the focus pupil. However, having a trusted, recommended and well-researched resource which school staff can easily access and use flexibly is very helpful.
- Having a trusted adult participating in the session led to more meaningful discussion which could be followed up through their sessions during the rest of the school week.

### Achievements

Following the intervention, the pupil had a higher score in the Stirling Children's Wellbeing Scale than was anticipated, given the time scale, exceeding the aim of the project. Continued use of the resource would hopefully lead to further improvement. In discussions, the focus pupil was becoming more aware of their own strengths and personal qualities which in turn improved their self-esteem, alongside skills in resilience, problem solving and mindfulness.

### Next Steps

- The school have purchased their own kitbag resource. Consider how best to use this to support the focus pupil further and others in the wider school community.
- Consider another case study to compare the findings.

## Appendix 3 Ability Shetland – Early Positive Approaches to Support (E-PAtS)

E-PAtS is an addition to the support we offer pre-school children at Ability Shetland through our parent/carer and child group. In 2021 we delivered E-PAtS as a pilot project as part of a national rollout alongside other organisations across Scotland, such as PAMIS (Promoting a More Inclusive Society) and Kindred.

The Early Positive Approaches to Support programme is co-facilitated by a professional and a parent and we are delighted to have been able to deliver 2 cohorts of this programme in 2021/2022 to families of pre-school children with additional support needs.

This project is a joint venture between Ability Shetland and the local authority Pre-School Home Visiting team and as the programme is co-facilitated by a professional (1 from Ability Shetland and 1 from the SIC) alongside a parent of a child with ASN, we have real lived experience to share together alongside that peer support.

We have supported 12 families so far through the programme and we are currently delivering our first online programme to ensure those in the very remote locations of Shetland can be included too. Due to the success of the programme we are continuing to deliver into 2022/2023 and are currently looking for funding to continue beyond that.

**Are you a family caregiver for a child who has a learning disability, global developmental delay or is autistic aged 0-5?**

Then you might be interested in attending

### **Early Positive Approaches to Support (E-PAtS)**

E-PAtS is an 8 session group that provides sensitive support and information for families in the early years. All groups are delivered by a trained family caregiver and professional and cover:

- Accessing services and supports
- Emotional wellbeing and resilience for caregivers
- Supporting sleep for children
- Supporting communication
- Supporting skills development
- Positive approaches to behaviours that challenge



In E-PAtS **you are always the EXPERT on your child**. You will have the opportunity to work alongside other families to build on ways to support yourself, your child and family. **You will never be judged or told what to do.**

**Starting 25th October**

If you would like to find out more about how you can take part please contact **Ability Shetland** to request further information: [abilityshetland@shetland.org](mailto:abilityshetland@shetland.org)



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*E-PAtS programme flier*

## Appendix 4 - Shetland Women's Aid

Shetland Women's Aid (SWA) is a charitable organisation with 4 main objectives:

- to advance; and continue to work towards ending domestic abuse and other Gender Based Violence in our community.
- to advance; and protect women, children, and young people's rights.
- to promote; and protect the views of women, children and young people who have experienced domestic abuse and other Gender Based Violence.
- to relieve the negative impact domestic abuse and other Gender Based Violence has on women, children, and young people's lives.

SWA work in person-centred, trauma informed way, with services developed and improved using feedback from service users, and voices of lived experience. Support offered for children and young people, apart from Prevention Education noted in the report, includes:

### One-to-one support

The CYP team act as advocates for children and young people who have experienced adverse childhood experience. These children and young people may have been survivors of domestic abuse, or may have other traumas or mental health issues whereby one-to-one support is beneficial for them. This support is given through practical and emotional tools that aide that child or young person to work towards a desired outcome. This may include play based tools, tools to improve mental health, and other general emotional and practical support.

She not only saved my life, but she also gave me my life. I would not be who I am now without the support of Shetland Womens Aid. I'm not sure I would even be here.  
SWA service-user

My child was able to work on trusting adults again, setting boundaries and emotional regulation which has helped improve their mental well-being.

Parent of CYP service user

### Play and creative arts therapy

Talking about problems can be hard for children. A child may not have the words to describe how they are feeling, or why they are behaving as they do. A child may not be able to recognise what they find difficult or explain it to someone if asked. Play Therapy provides the expertise and time to do this through play. Play Therapy sessions aim to build a child's ability to develop healthy and resilient relationships, and to work through traumatic experiences which may be preoccupying them. Pre-occupying difficult feelings can make learning at school or managing feelings impossible. Addressing difficult emotions through play provides a layer of story or metaphor to what is being shared and felt.

### Storyplay

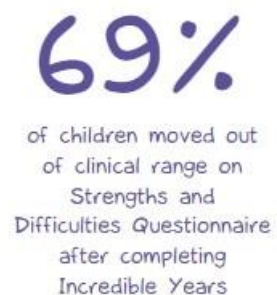
Over the past year Storyplay offers you a children's rights-based approach to social interaction and relationship building through structured, joyful, imaginary play. It does so by providing an opportunity for children and their grown-up to play together in an imaginary way. The storyplay programme is all about working with grown-up and child together, to build confidence and strengthen the bond between the two of them, all through the power of play.

## Appendix 5 Incredible Years

The Incredible Years is a tried and tested programme developed from much data and research for well over 30 years.

The focus of Incredible Years (IY) is to help parents to help themselves by equipping them with effective and practical parenting tools. IY is helping parents/carers of children aged between 2-11 years. All parents are able to access the IY programme in Shetland and this access to all approach is helping to tackle the stigma around accessing parenting support and many of our parents now self-refer due to word of mouth about the programme. Social work, health visitors, education outreach and schools also link up with us to refer families to our programme.

Having facilitators from the NHS Health Improvement team and Education Outreach working alongside our family centre facilitators has greatly improved our connections with the NHS and SIC Education and it is brilliant for families to be supported by facilitators from other services. These links with other service benefits the team at the family centre as well as families accessing our support.



Our next steps is to bring the Incredible Years tools to the Children and families social work team and perhaps other professionals too.

### IY in Action

A family with a 7 year old who would hit the parent several times every day and at least 6 times before school started attended the programme for support. The parent would have constant bruises and sometimes need medical treatment. This had gone on for years and the parent was struggling to deal with the behaviour.

After week 12 of Incredible Years (dealing with behaviours such as hitting), the child stopped hitting very quickly when asked, and is now hitting around 3 times per week.

## Appendix 6– Anchor

Shetland’s Anchor Project continued to develop during 2021/22. The purpose of the project is to design and deliver family support able to achieve earlier support to Shetland’s families. The project is funded by the Communities Fund and is in Year 3 of implementation (August 2021 to July 2022), and starting to plan for project end, in March 2023.

During Year 3, the Project benefitted from additional investment of £140,000 from the Promise, under the Whole-Family Support theme of the Plan 21-24. This enabled us to expand the team of part-time Project Officers from 2 to 5.

We continued to evolve our approach to family support, using feedback from families we are supporting. We are now confident about the key characteristics of this approach:

- Build a trusting relationship;
- Provide the opportunity to talk about any issue;
- Enable access through a communication channel that suits the individual (Facebook, email, phone, face-to-face meeting);
- Listen without judgement;
- Support access to services and information at the right time for the individual, which requires the Project Officer to have a breadth of knowledge about available support; and
- Maintain an open door to enable potential follow-up if further support is required.

**i.e. this is person-centred support, capable of providing early intervention.**

We have worked closely with and in a variety of schools in Shetland (Lerwick Primary, Largest Secondary, Rural Junior High and Cluster primaries) and NHS Child Health, as those universal services closest to families. This has helped us define the key success factors:

- Parents are able to build up a trusting relationship with a support worker;
- Time is available to enable this to develop and to explore issues;
- Support is located in universal services, in a familiar setting, close to families, with whom they should already have a relationship;
- Support is available to staff within these universal services;
- Staff are supported by partners, if there’s a need to escalate issues;
- Staff have a close working relationship with a school’s Senior Management Team, working collaboratively to identify families and encouraging them to access support;
- Staff have a close working relationship with social work, in order to ensure that families are getting the level of support that is required;
- There is very clear signposting to and communication around the most appropriate service to provide particular supports in order to avoid duplication or gaps.

**i.e. the conditions have to be right, in order for it to work.**

It has also helped us understand the model of support required:

- A drop-in model of support can be suitable for Primary Schools where the majority of families live within walking distance of the school, however this is dependent on parent/carer health or confidence among other things;
- The provision of support in rural areas and secondary schools requires support within the school, but also outreach support to families.

**i.e. there needs to flexibility within the model, to adapt to these different contexts.**

We are currently turning our attention to finding ways to normalise family support in order to remove any barriers to families needing some extra support as soon as possible.

We continue to use the logic model developed at the start of the project, to monitor impact on families and systems change. The evidence continues to demonstrate Anchor having positive outcomes for families, and that the impacts are lasting.

We are delighted that the approach and impact of the Project is being recognised by the Scottish Parliament (Social Justice and Social Security Committee) and Scottish Government (Best Start, Bright Futures).

The additional investment from the Promise allowed us to second staff from NHS Child Health, SIC Education and Voluntary Action Shetland for part of their working week. This enabled us to achieve our primary aim of expanding the project to test our approach in different schools. However, it had the additional value of bringing together staff from different organisations. This has enabled us to achieve a lot more as they are each able to share information about their respective organisations (structure, culture, key individuals to facilitate change). As a result, they have been able to incrementally support change within their sectors.



## Appendix 7 – Emotional Wellbeing and Resilience Project

### Focus Groups quotes

It might be the way that you're JUST not eligible to fit into that services criteria, just below the bar

There's a stigma around people accessing services.

Everywhere needs something like the askmyGP

Come into schools and talk to young people about trauma

Not everyone had an easy time in school to get qualifications - the NHS should offer apprenticeships as typical school education is not for everyone

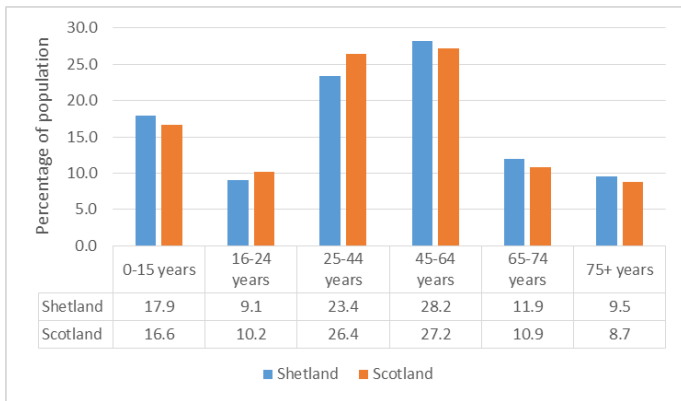
Reach out to the North Isles more, in school there is so much support, then you turn 18 and have to figure it out for yourself

I feel like theres so much support in schools then once you leave and turn 18 you kinda have to find out all on your own."

# Appendix 8 - Data Dashboard Example

## Demographics

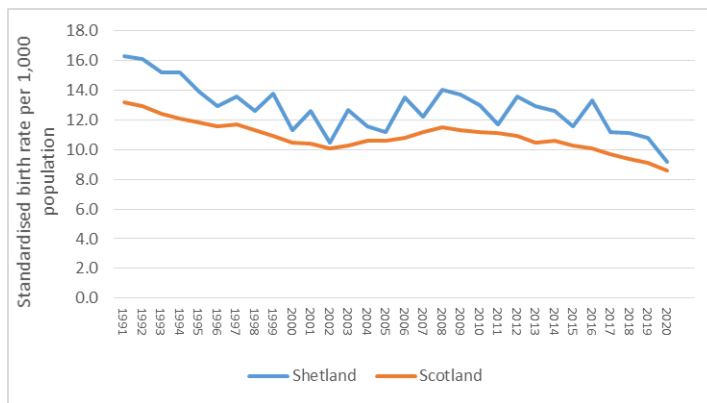
### Population split – 2021



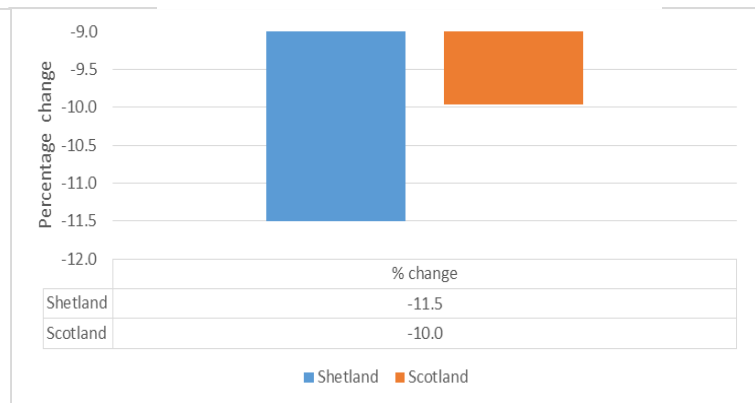
### Population change - 2018 to 2043



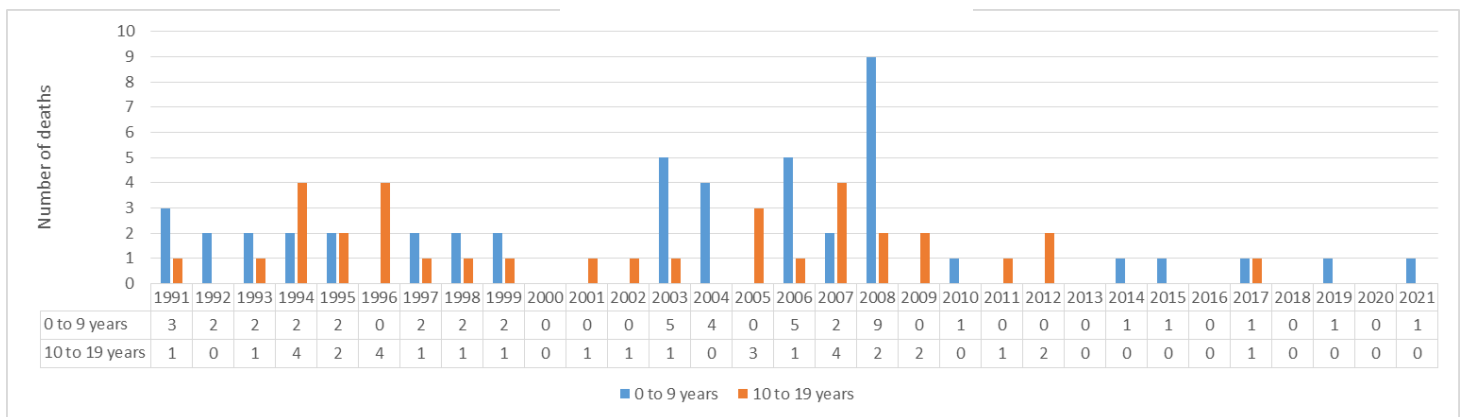
### Birth rate – 1991 to 2021



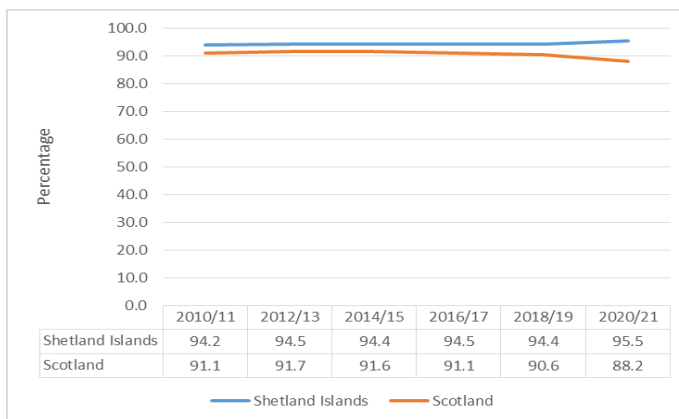
### Birth rate change – 2020 to 2021



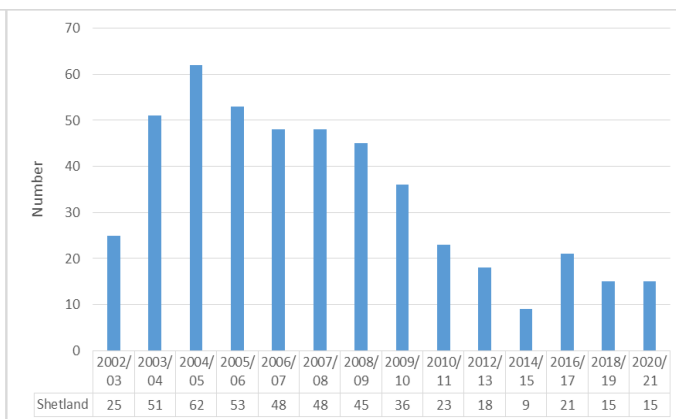
### Death rate – 1991 to 2021



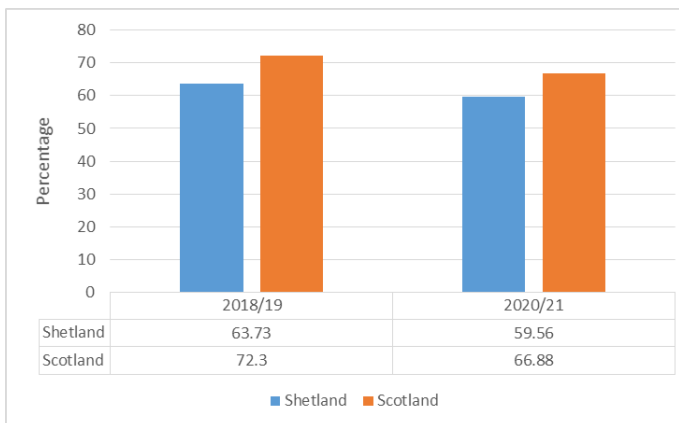
Attendance –rate (all schools)



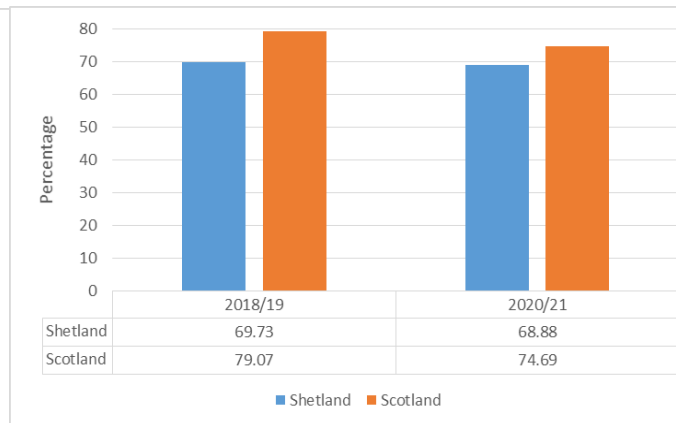
Exclusions - number



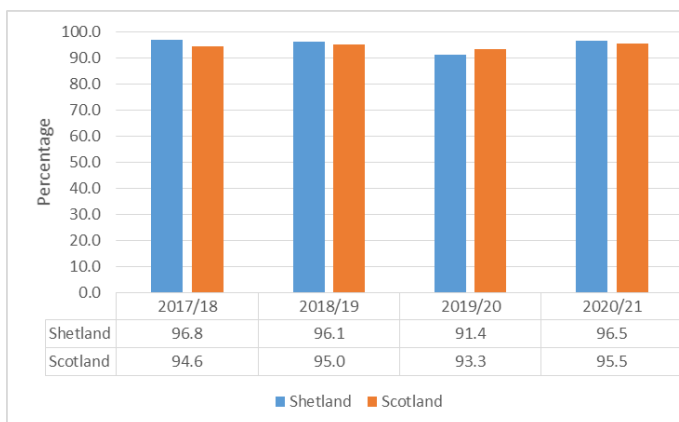
Meeting expected levels of achievement for literacy (P1, P4, P7)



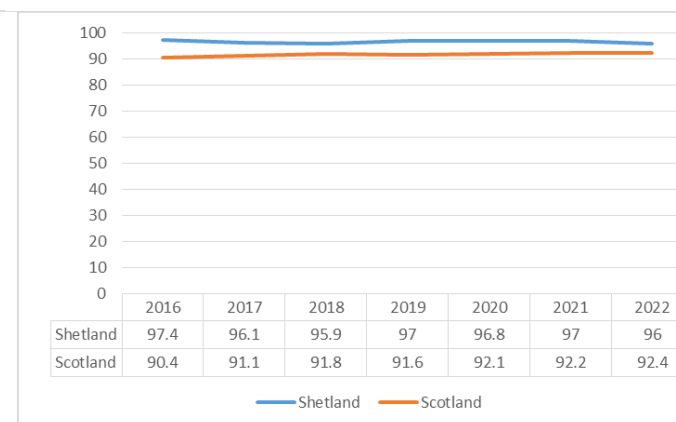
Meeting expected levels of achievement for numeracy (P1, P4, P7)



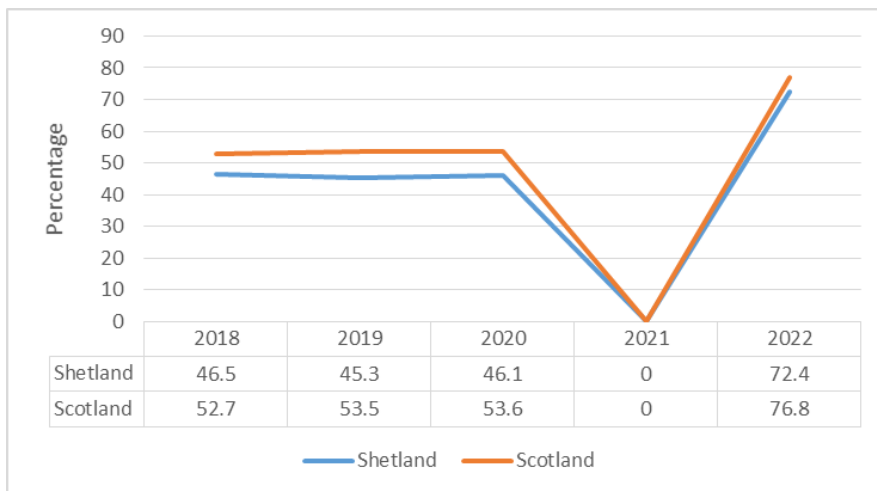
Positive destinations of school



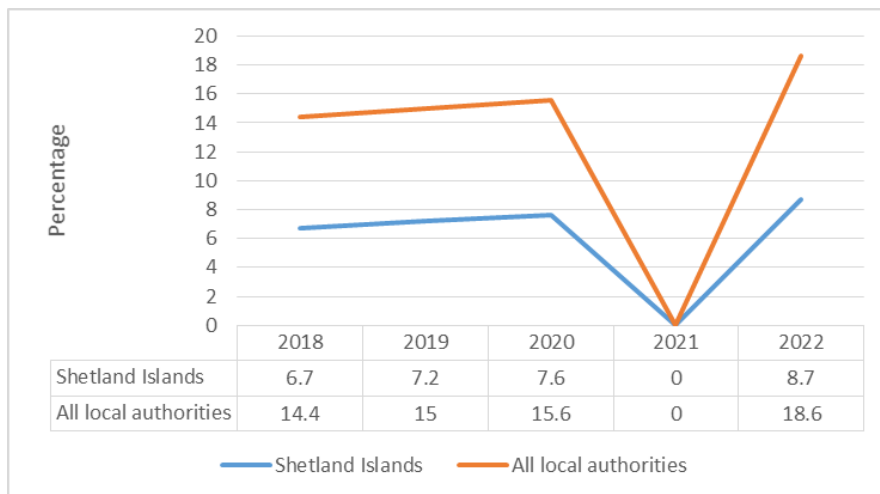
Young adults (16-19 year olds) participating in education, training or employment



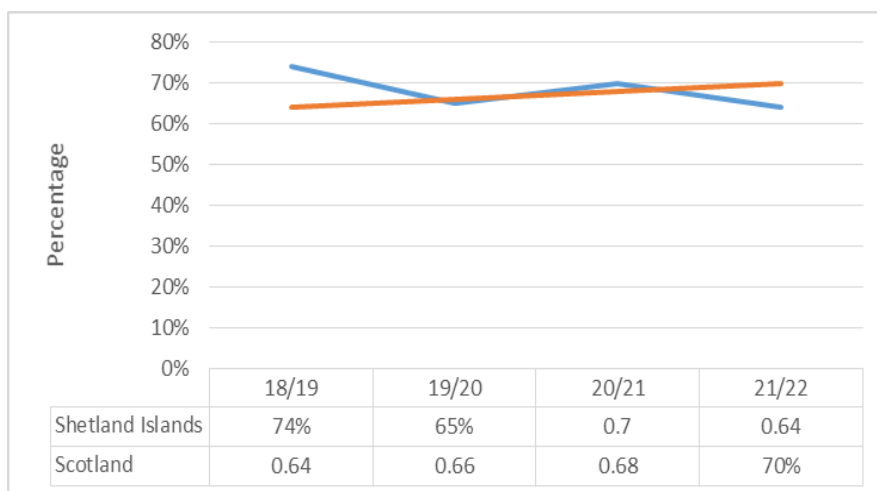
### Free school meals P1-P7



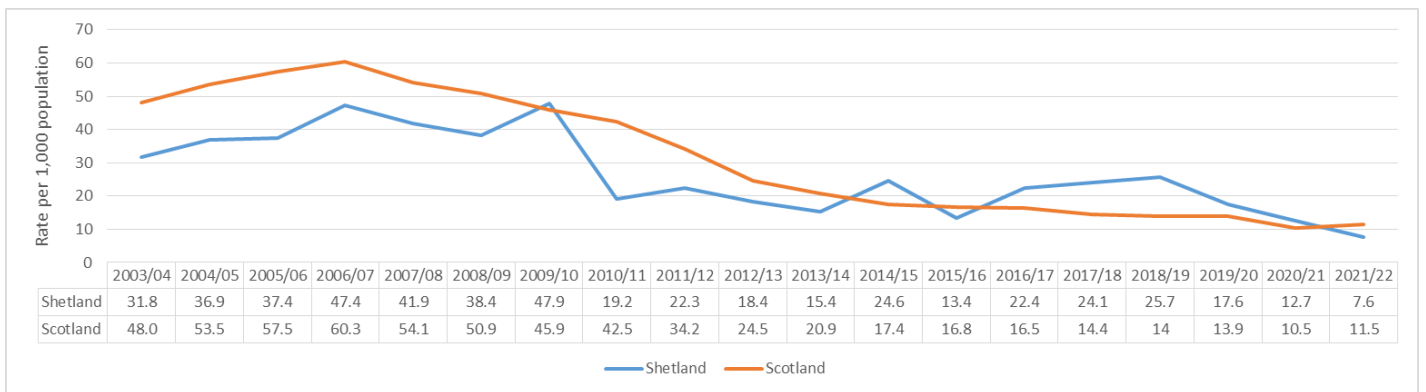
### Free school meals S1-S6



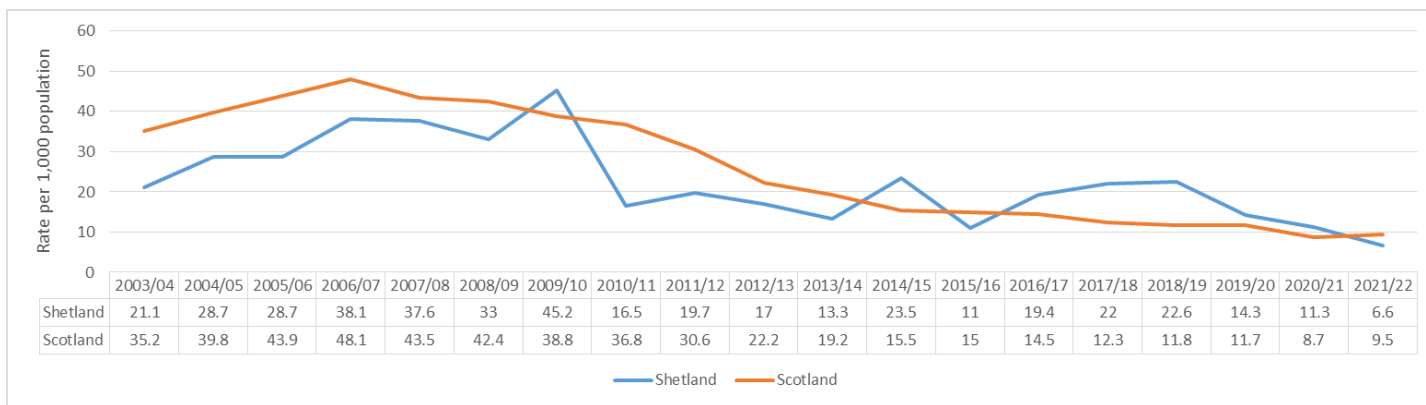
### Healthy Start – Percentage of processed applications authorised



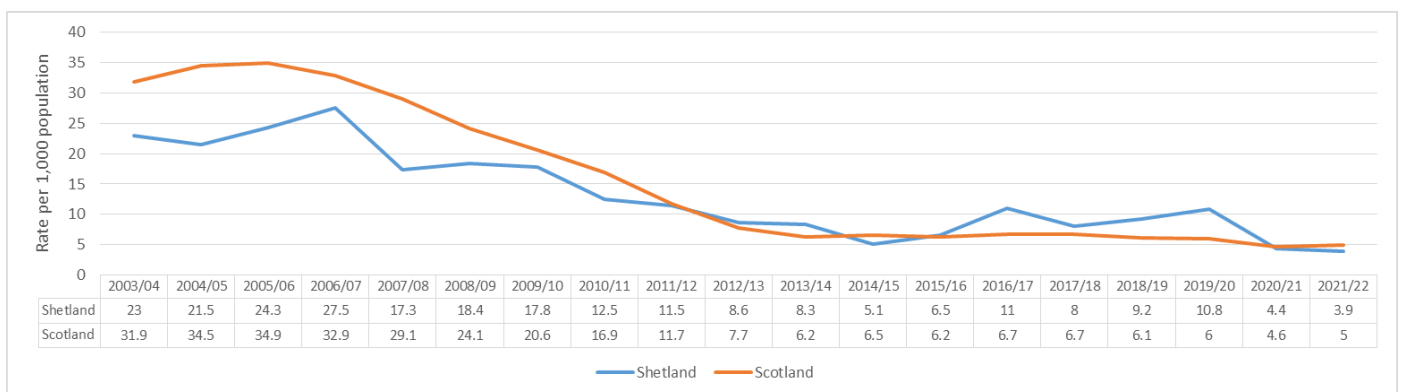
### Rate of children’s reporter referrals



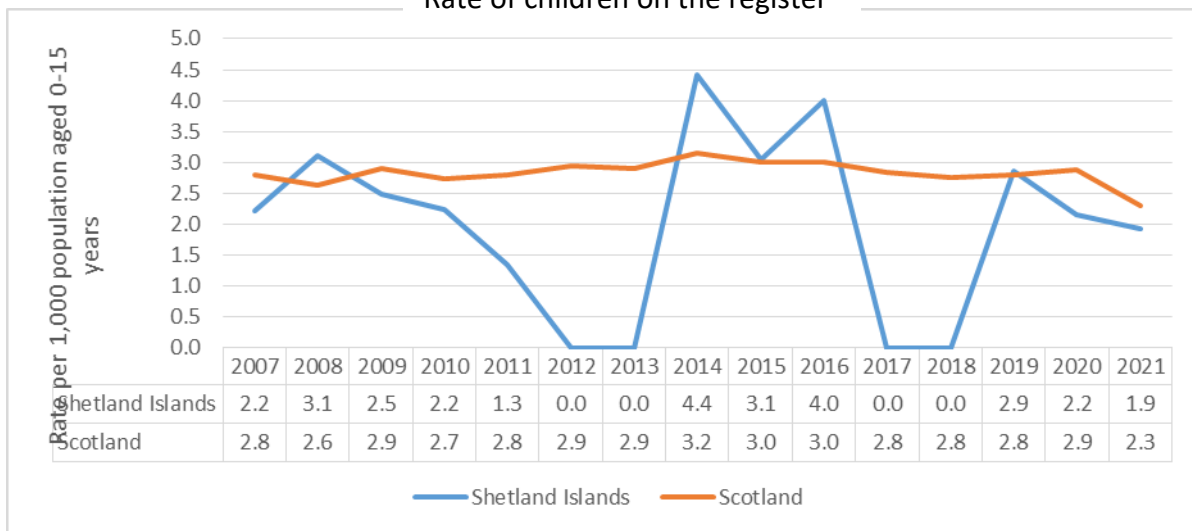
### Rate of children’s reporter referrals – non- offences



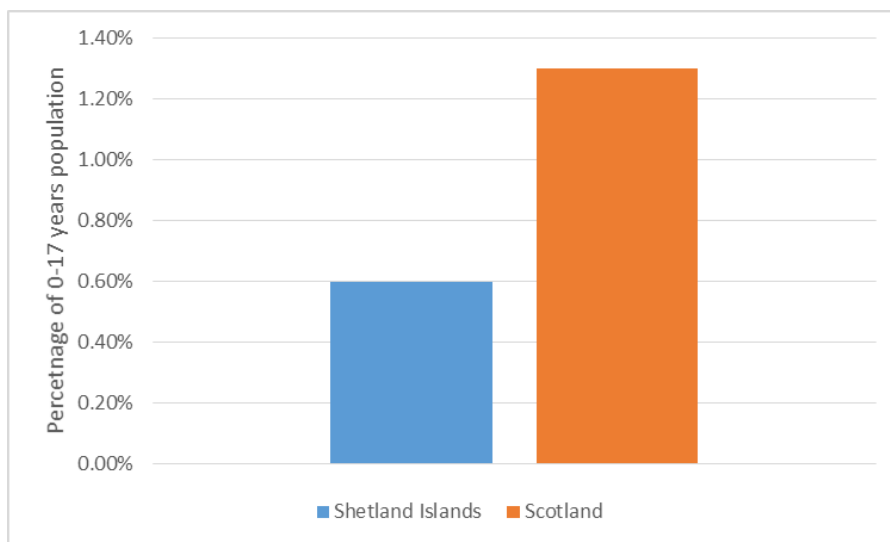
### Rate of children’s reporter referrals – offences



Rate of children on the register



Rate of Looked After Children - 2019

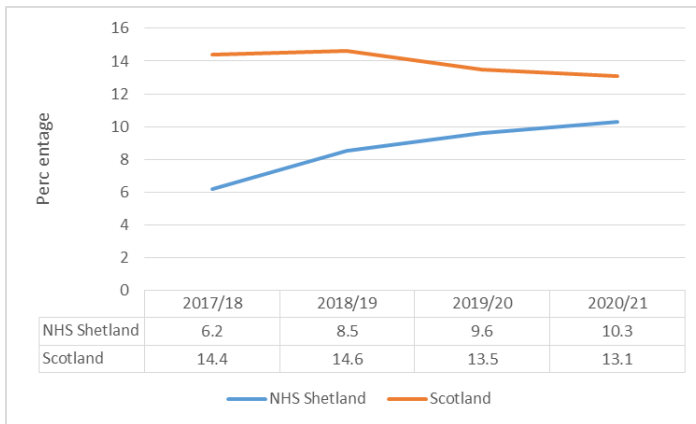


Number of registrations, deregistrations and case conferences 2020/21

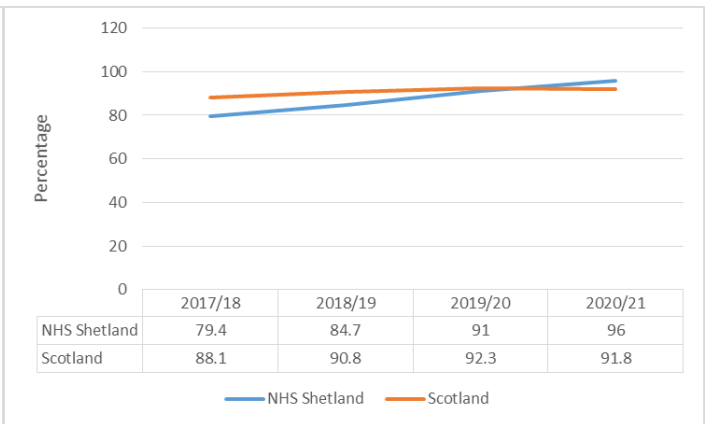


Maternity and Early Years

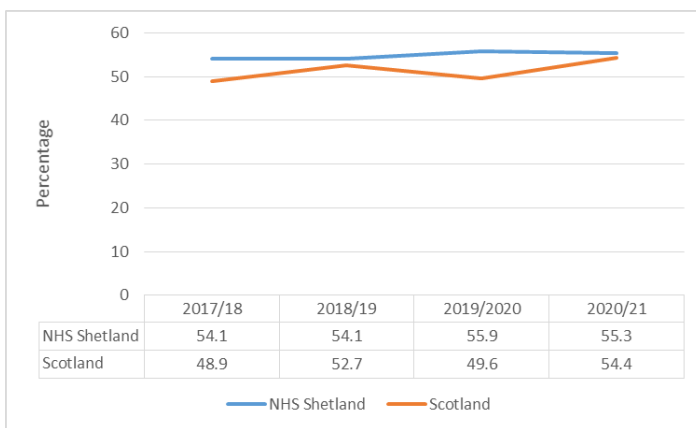
Maternal Smoking



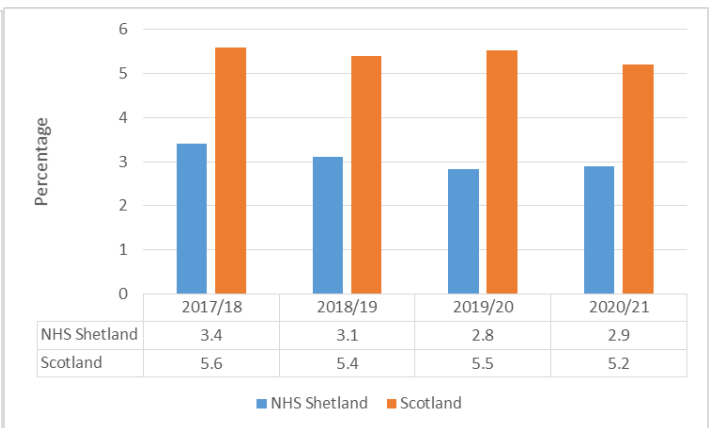
Antenatal booking by 12 weeks



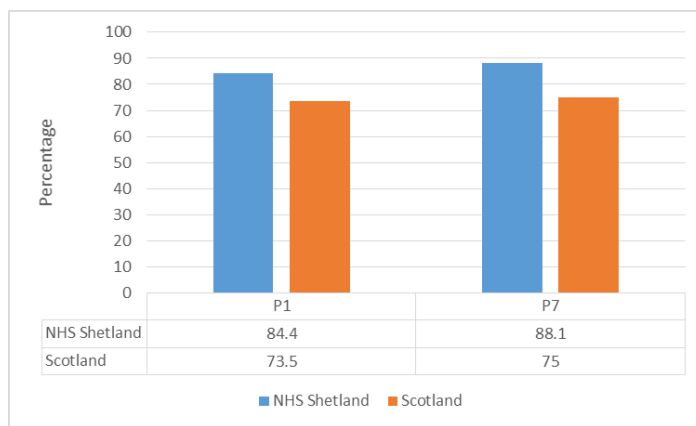
Maternal BMI (overweight or obese)



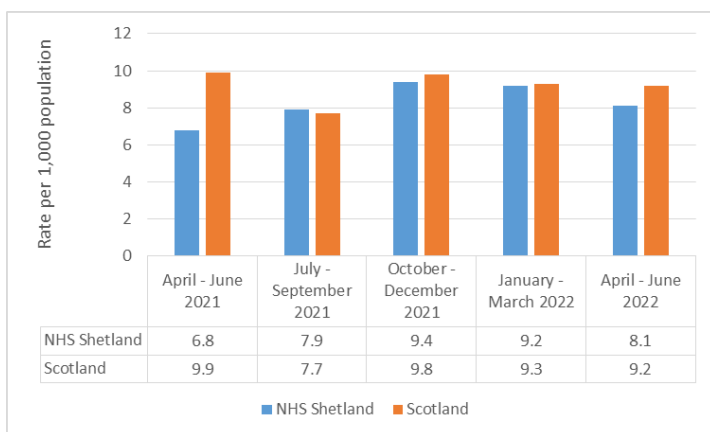
Low birthweight



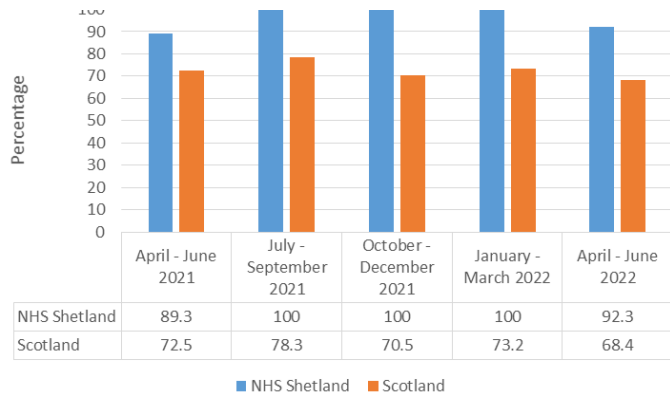
No obvious tooth decay P1 and P7



Rate of Referrals

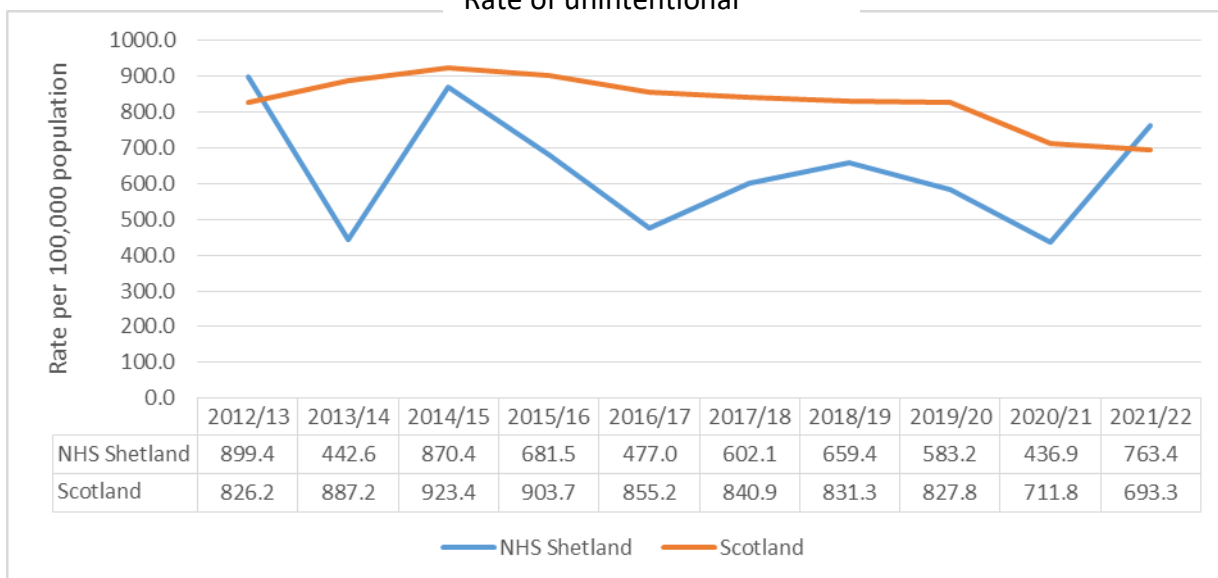


% waiting less than 18 weeks for start of treatment



Emergency Care

Rate of unintentional



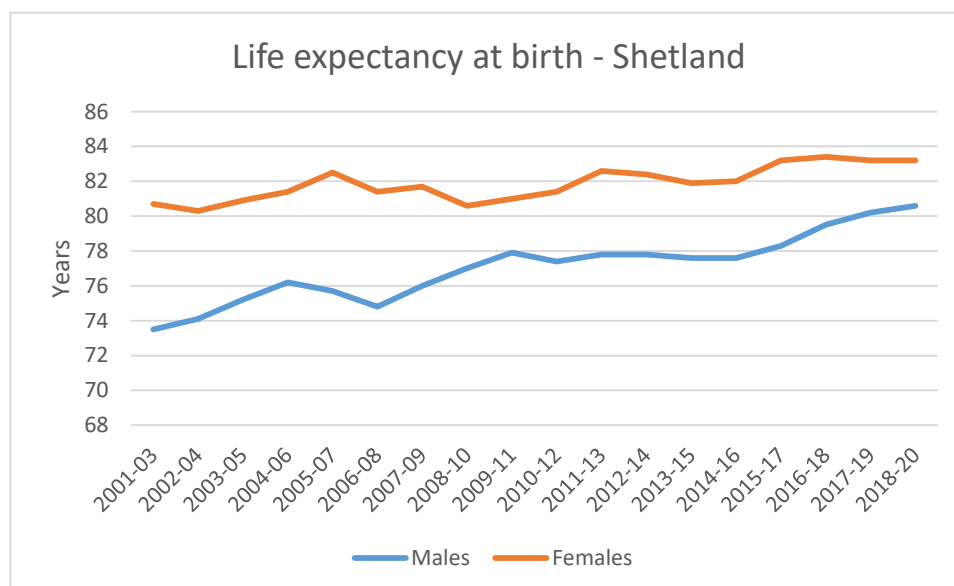


## Appendix 9 Public Health Data Children and Young People

### Life expectancy<sup>1</sup>

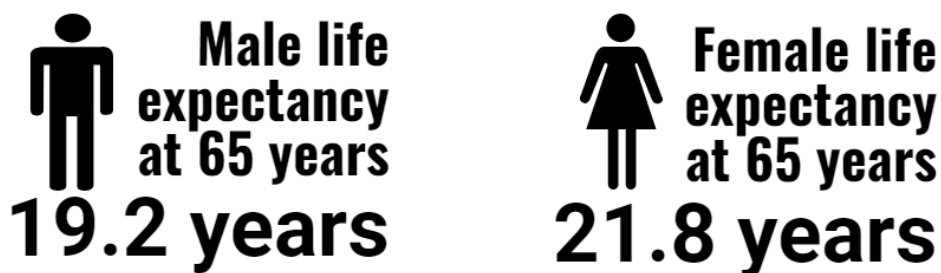
In Shetland Islands, life expectancy at birth was higher for females (83.2 years) than for males (80.6 years) in 2018-20 and it is higher than Scotland level for both females and males.

Between 2001-03 and 2018-20, female life expectancy at birth in Shetland Islands has risen by 3% while male life expectancy at birth has risen by 9.7%.

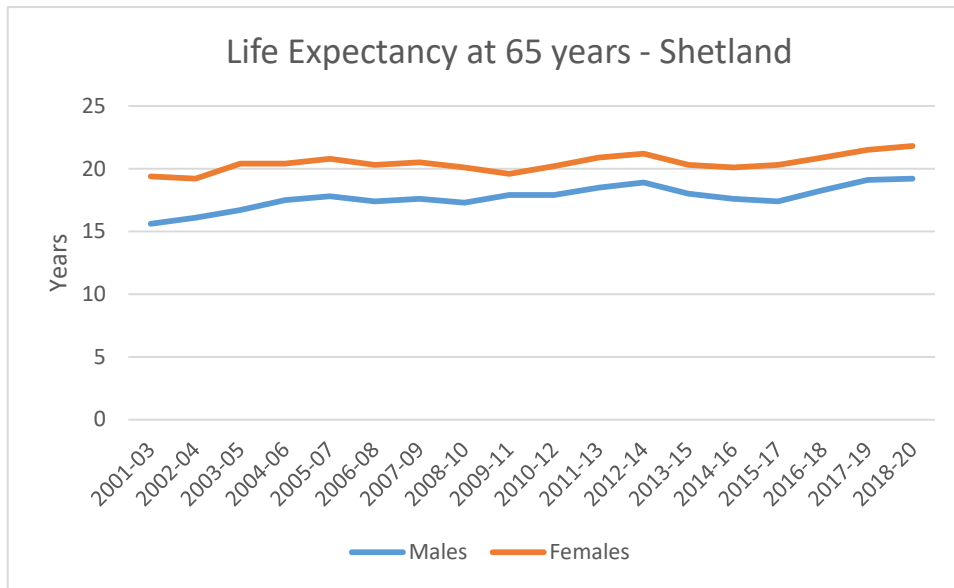


In Shetland Islands, life expectancy at age 65-69 was higher for females (21.8 years) than for males (19.2 years) in 2018-20 and it is higher than at Scotland level for both females and males.

Between 2001-03 and 2018-20, female life expectancy at age 65-69 in Shetland Islands has risen by 12.6% while male life expectancy at age 65-69 in Shetland Islands has risen by 22.9%.



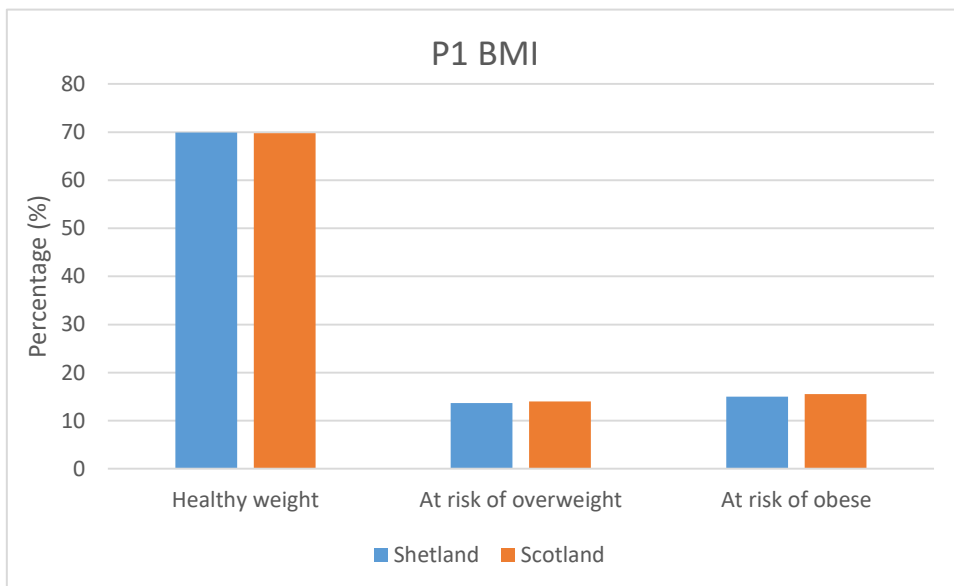
<sup>1</sup> Life Expectancy in Scotland, 2018-2020, National Records of Scotland



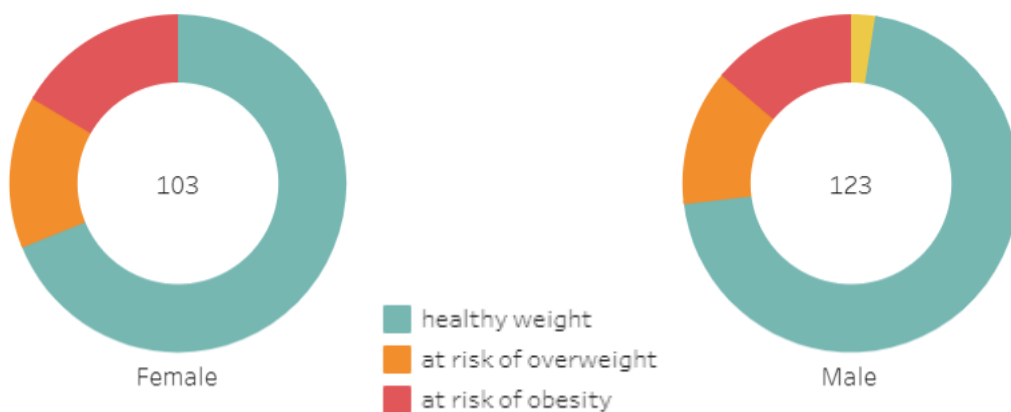
**P1 BMI<sup>2</sup>**

The coverage of P1 BMI reviews in Shetland in 2020/21 was higher than the national average – with 92.3% of P1 children receiving their review.

In 2020/21 the percentage of Primary 1 children were deemed to be at risk of being overweight was the 4<sup>th</sup> highest in Scotland (however data was not reported for many NHS boards as coverage was low in that year). In Shetland there was a higher proportion of boys who were deemed to be at risk of being overweight and/or obese, which is a similar picture to what is seen nationally.



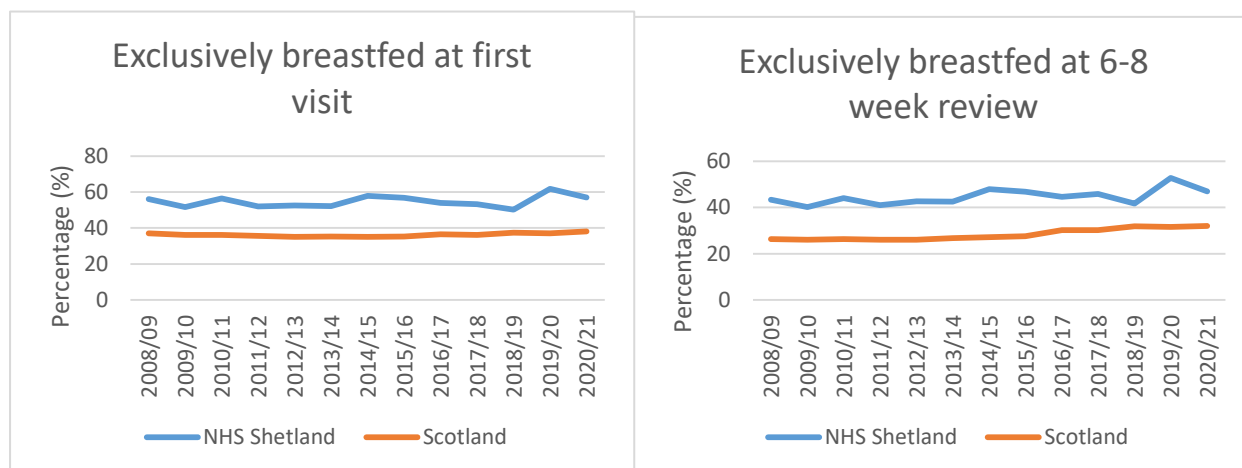
<sup>2</sup> Primary 1 Body Mass Index (BMI) statistics Scotland, School year 2020 to 2021, Public Health Scotland



In the 12 year period between 2008/09 and 2020/21 the rate of children who are outwith the health BMI range in Shetland has been fluctuating with those deemed to be at risk of being overweight ranging from 9.3% to 15.8% and those deemed to be at risk of being obese ranging from 5.8% to the current rate of 15%, the highest it has been in the thirteen year period.

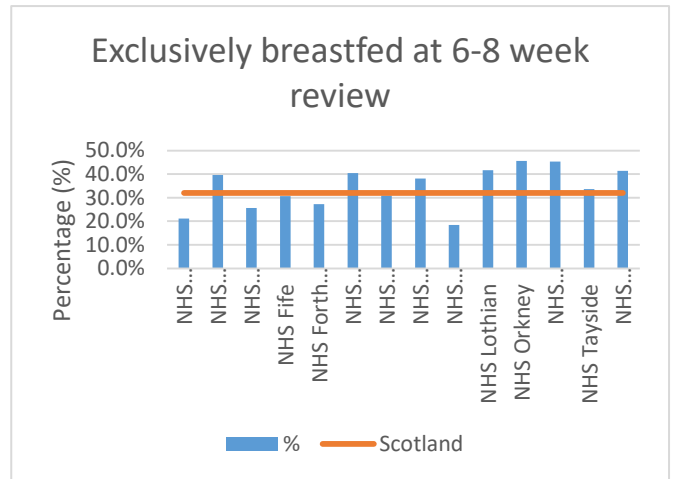
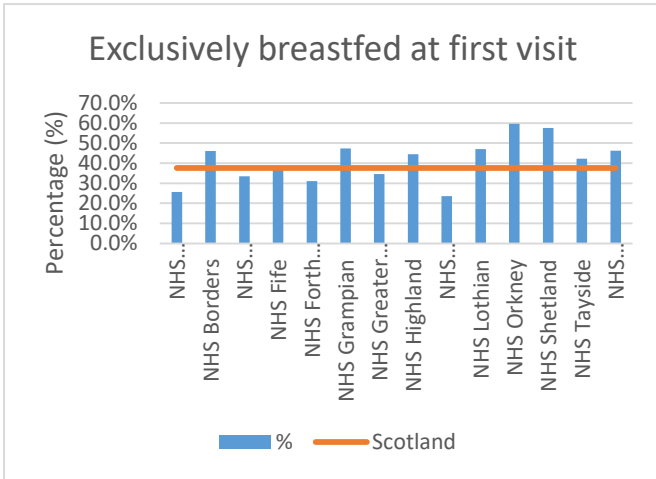
### Infant feeding<sup>3</sup>

Shetland has historically had a high breastfeeding uptake rate, with consistently more than 50% of babies being exclusively breastfed at the time of the health visitor first visit and more than 40% at the time of the 6-8 week review.

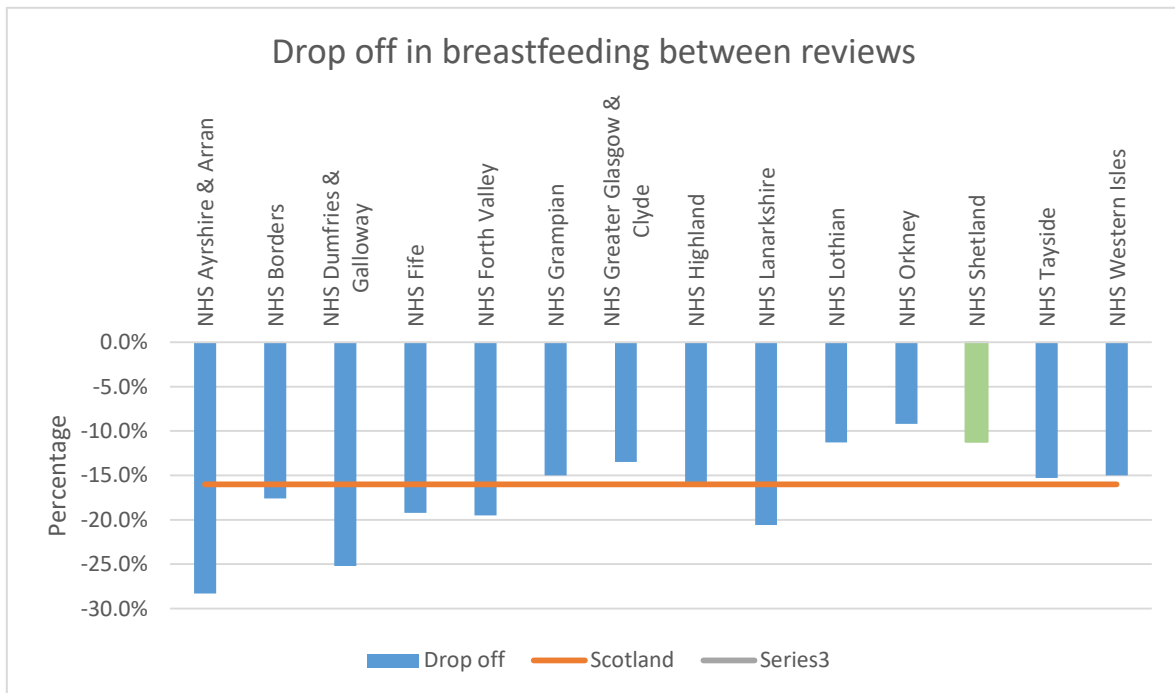


In 2020/21, Shetland has the 2<sup>nd</sup> highest breastfeeding rate at health visitor first visit – 53.6%, with Orkney being the only other board that had a higher rate – 56.3%. However, at the time of 6-8 week review Shetland and Orkney both had the same rate of babies being exclusively breastfed (40.9%).

<sup>3</sup> Infant feeding statistics, Financial year 2020 to 2021, Public Health Scotland



Not only does Shetland has a high rate of breastfeeding, there is also a lower than average drop off rate between health visitor first visit and 6-8 week review. In 2020/21 the national drop off rate was 16%, however in Shetland that was 11.2% - this was the 2<sup>nd</sup> lowest drop off rate across NHS boards.



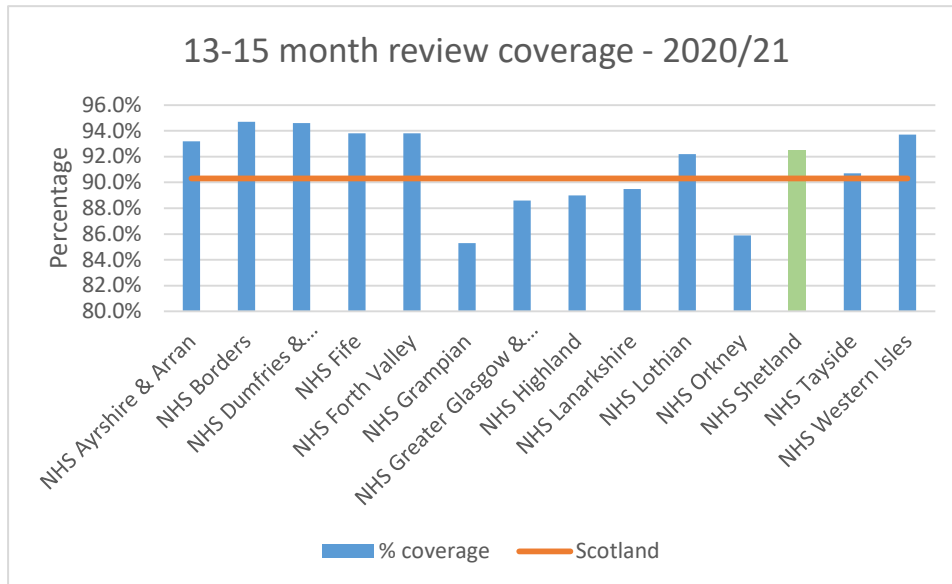
### Early child development<sup>4</sup>

All children in Scotland are offered the Universal Health Visiting Pathway which includes a series of child health reviews, including an assessment of children’s development at 13-15 months, 27-30 months and 4-5 years. These reviews involve asking parents about their child’s progress, carefully observing the child, and supporting parents to complete a structured questionnaire about the child’s development. At the end of the review Health Visitors record whether they have any concerns about each area of the child’s development.

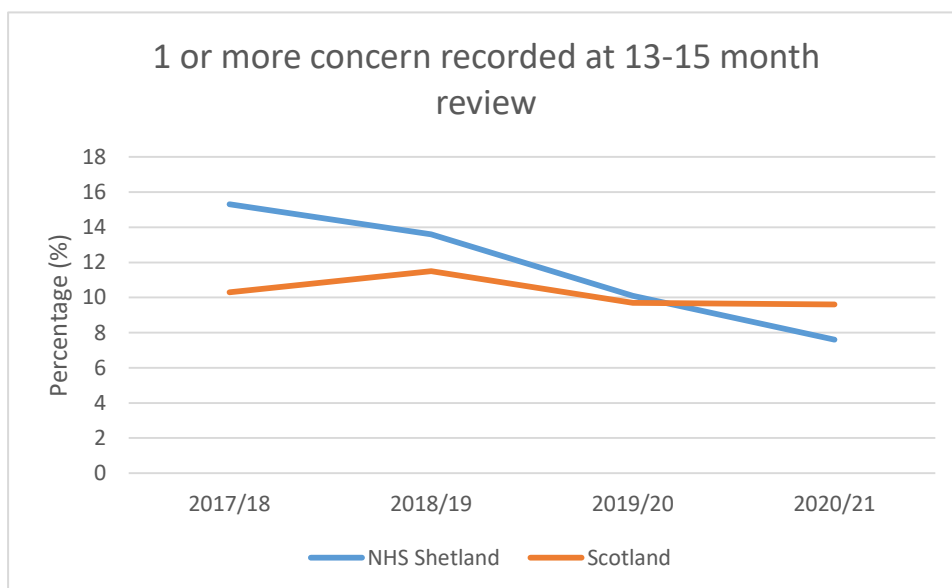
<sup>4</sup> Early child development, Scotland 2020/21, Public Health Scotland

### 13 -15 month reviews

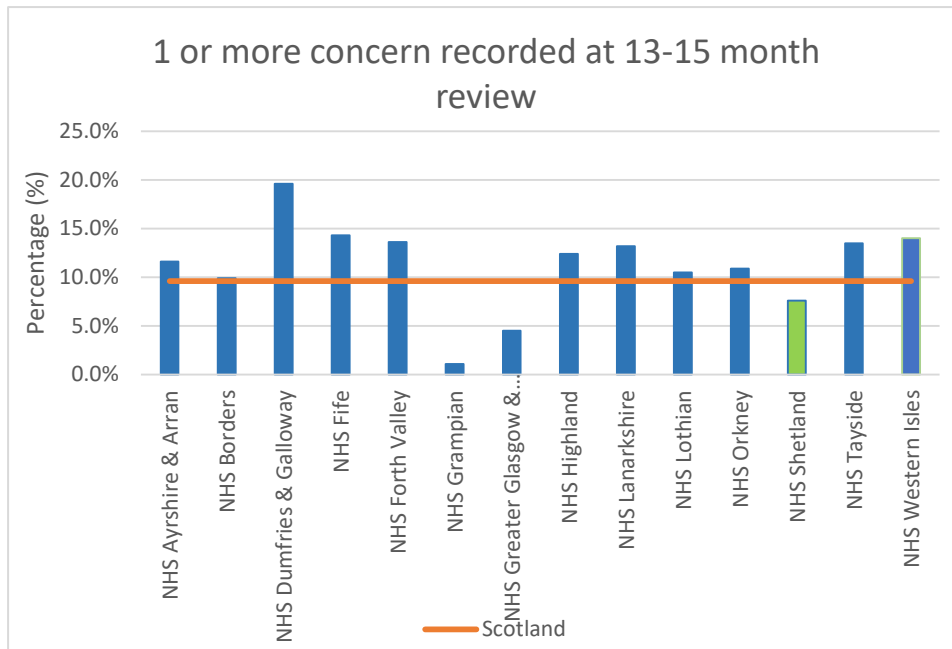
The coverage of 13-15 month reviews in Shetland in 2020/21 was higher than the national average – with 92.5% of children receiving their review. Coverage within Shetland had always been above the national level, with over 90% of children consistently having a 13-15 month review recorded.



Over recent years the proportion of children in Shetland with 1 or more concern recorded at their 13-15 month review has fallen from 15.3% to 7.6%, and is now lower than the Scottish rate.

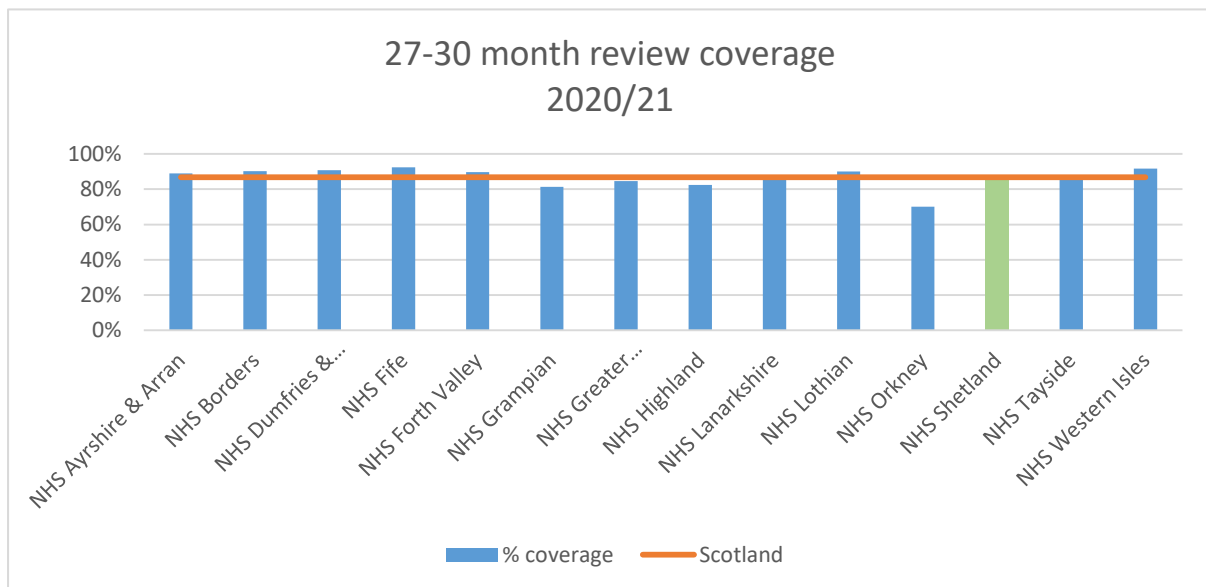


In 2020/21, 7.6% of children undergoing a 13-15 month review in Shetland had a concern recorded about at least one area of their development. This was one of the lowest rates recorded across all NHS boards, with only NHS Grampian and NHS Grampian and Greater Glasgow & Clyde having lower rates.

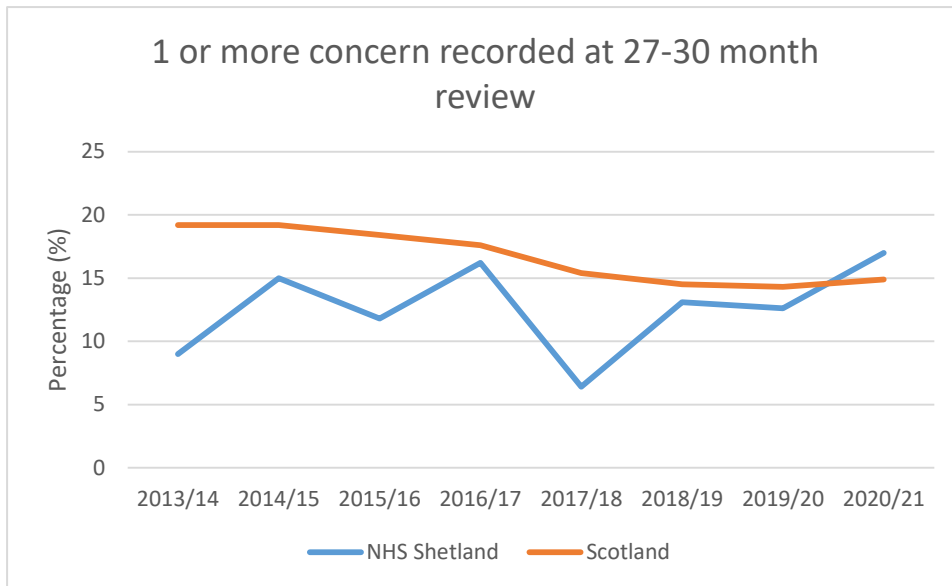


### 27-30 month reviews

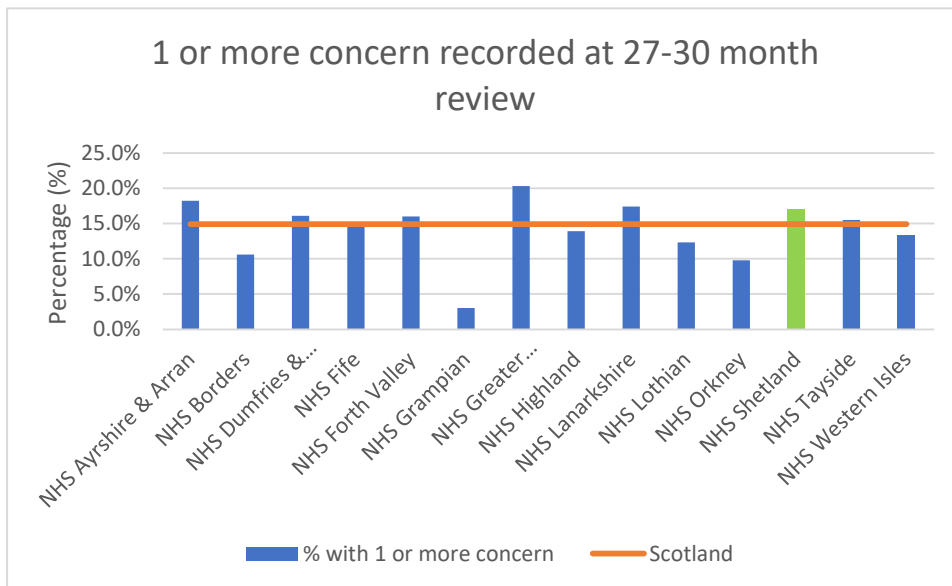
The coverage of 27-30 month reviews in Shetland in 2020/21 was slightly lower than the national average – with 88.8% of children receiving their review. Until 2020/21 coverage within Shetland had always been above the national level, with over 90% of children consistently having a 27-30 month review recorded, until 2020/21.



Over recent years the proportion of children in Shetland with 1 or more concern recorded at their 27-30 month review has ranged from 6.4% to 17.0%, and until 2020/21 had been lower than the Scottish rate.

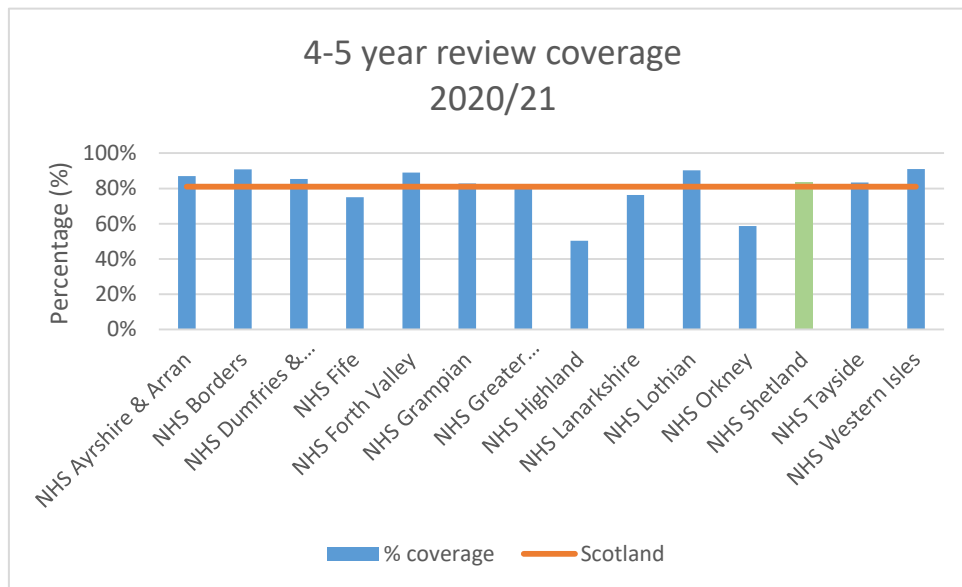


In 2020/21, 17.0% of children undergoing a 27-30 month review in Shetland had a concern recorded about at least one area of their development. This was above the national rate of 14.9% and one of the highest rates recorded across all NHS boards, with only NHS Ayrshire & Arran, NHS Great Glasgow and Clyde and NHS Lanarkshire having higher rates.

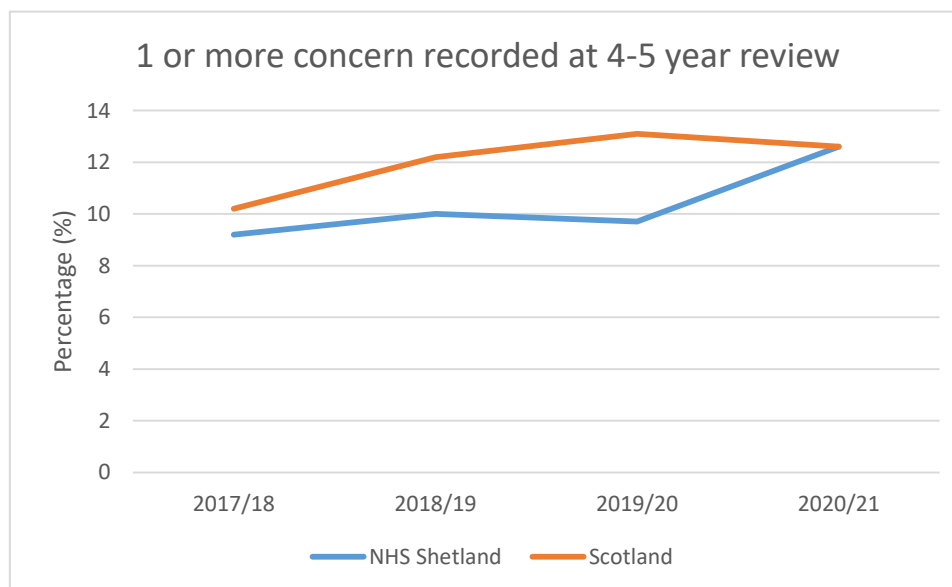


### 4-5 year reviews

The coverage of 4-5 year reviews in Shetland in 2020/21 was higher than the national average – with 83.5% of children receiving their review. Coverage within Shetland had always been above the national level, with over 80% of children consistently having a 4-5 year review recorded.

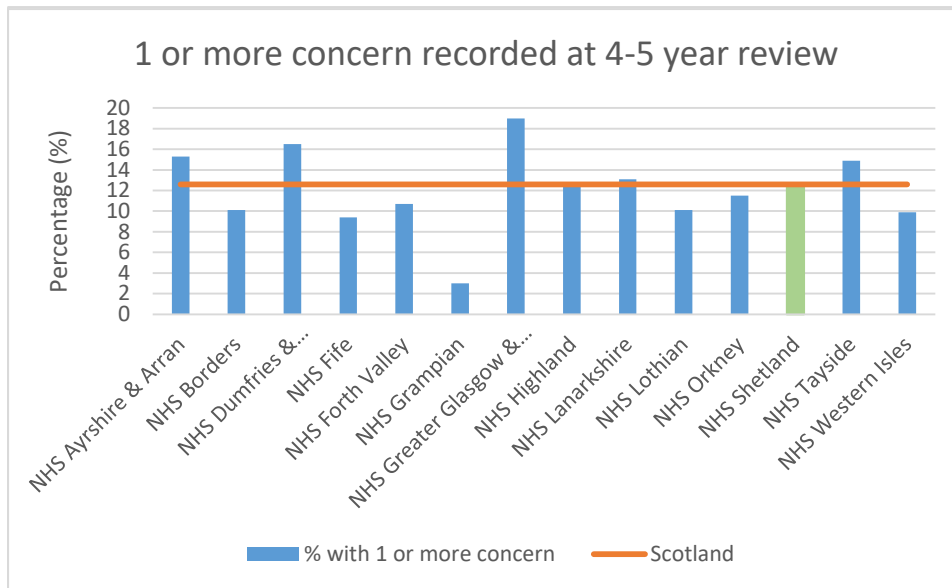


Over the last three years the proportion of children in Shetland with 1 or more concern recorded at their 4-5 year review has ranged from 9.2% to 12.6%, however it has always been lower or equal to the Scottish rate.



In 2020/21, 12.6% of children undergoing a 4-5 year review in Shetland had a concern recorded about at least one area of their development. This was equal to the national rate.

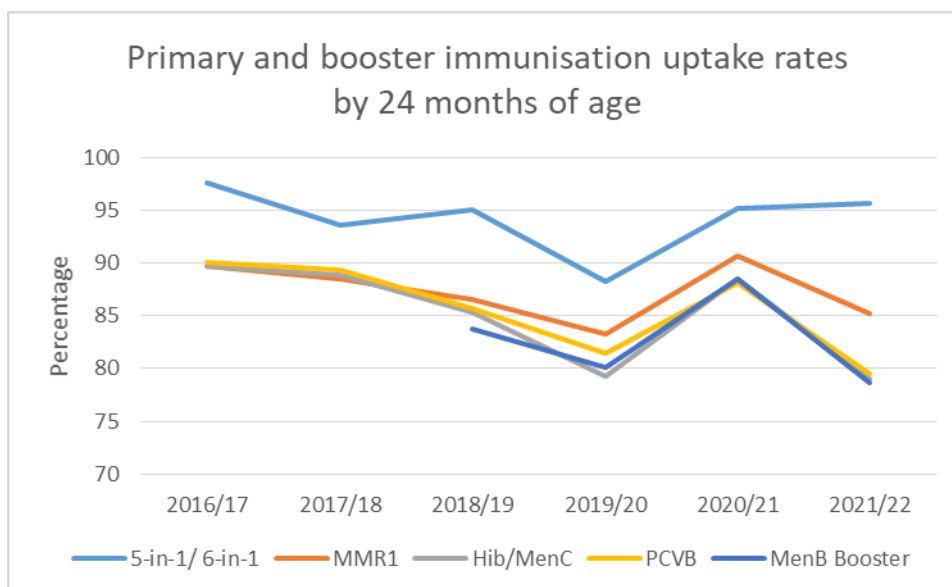




### Immunisations<sup>5</sup>

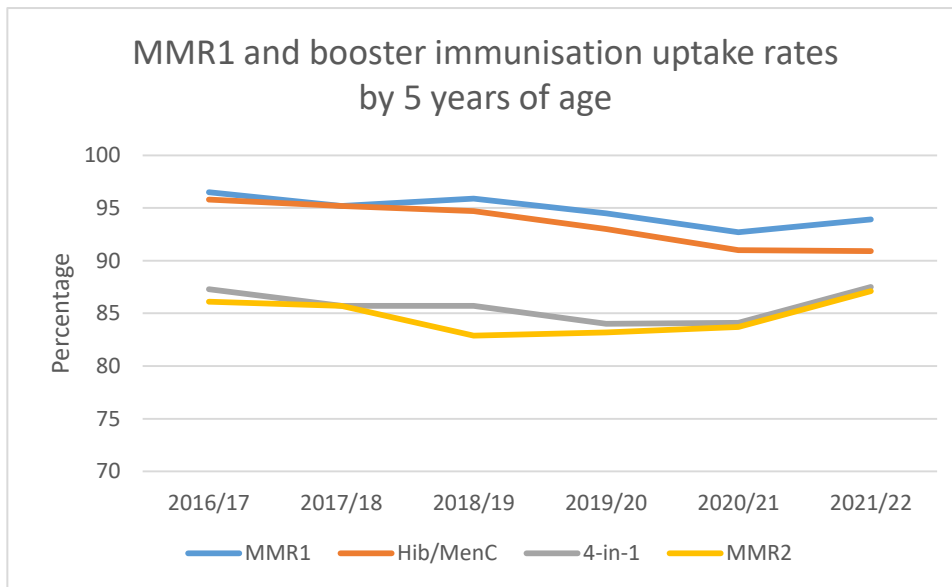
The most recent immunisation rates for babies and young children show uptake for the year 2021/22 had fallen for some immunisations (6-in-1 and Rotavirus), while it has increased for PCV and MenB. Uptake for this cohort of the different primary vaccines was between 89.9% and 92.6%.

For those reaching the age of two, uptake largely fell between 2020/21 and 2021/22. Uptake ranged from 78.6% for the MenB booster to 95.7% for the 6-in-1.



<sup>5</sup> Childhood immunisation statistics Scotland, Public Health Scotland

Uptake of the pre-school booster measured at age 5 years has been low for a number of years, however there was a slight increase in 2021/22.



Uptake of all immunisation across these three age cohorts is lower in Shetland than the national average, particularly the 24 month uptake of Hib/Men C and the PCV and MenB Boosters. In Shetland uptake of these immunisations was around 15% lower than the national uptake rates.

### Teenage boosters<sup>6</sup>

By the end of the 2020/21 school year uptake of the teenage Td/IPV Booster and MenACWY immunisation in Shetland was higher than the national rate. However it is important to note that the 2020/21 teenage booster immunisation programmes in many boards were not fully completed. In Shetland there has been an increase in uptake of both the teenage Td/IPV Booster and MenACWY immunisations between 2019/20 and 2020/21.

### Td/IPV booster uptake



### MenACWY uptake



<sup>6</sup> Teenage booster immunisation statistics Scotland, School year 2020/21, Public Health Scotland